OVERSIGHT HEARING ON THE OLDER AMERICAN VOLUNTEER PROGRAMS, FOSTER GRANDPARENT, SENIOR COMPANIONS, AND RSVP

HEARING

BEFORE THE

SUBCOMMITTEE ON HUMAN RESOURCES

OF THE

COMMITTEE ON EDUCATION AND LABOR
HOUSE OF REPRESENTATIVES

NINETY-NINTH CONGRESS

FIRST SESSION

HEARING HELD IN WASHINGTON, DC, OCTOBER 29, 1985

Serial No. 99-80

Printed for the use of the Committee on Education and Labor

U.S. GOVERNMENT PRINTING OFFICE

55-927 O WASHINGTON : 1986

H341-53

COMMITTEE ON EDUCATION AND LABOR

AUGUSTUS F. HAWKINS, California, *Chairman*

WILLIAM D. FORD, Michigan
JOSEPH M. GAYDOS, Pennsylvania
WILLIAM (BILL) CLAY, Missouri
MARIO BIAGGI, New York
AUSTIN J. MURPHY, Pennsylvania
DALE E. KILDEE, Michigan
PAT WILLIAMS, Montana
MATTHEW G. MARTINEZ, California
MAJOR R. OWENS, New York
RICK BOUCHER, Virginia
CHARLES A. HAYES, Illinois
CARL C. PERKINS, Kentucky
TERRY L. BRUCE, Illinois
STEPHEN J. SOLARZ, New York
MERVYN M. DYMALLY, California
DENNIS E. ECKART, Ohio
TIMOTHY J. PENNY, Minnesota
CHESTER G. ATKINS, Massachusetts

JAMES M. JEFFORDS, Vermont
WILLIAM F. GOODLING, Pennsylvania
E. THOMAS COLEMAN, Missouri
THOMAS E. PETRI, Wisconsin
MARGE ROUKEMA, New Jersey
STEVE GUNDERSON, Wisconsin
STEVE BARTLETT, Texas
ROD CHANDLER, Washington
THOMAS J. TAUKE, Iowa
JOHN R. McKERNAN, JR., Maine
RICHARD K. ARMEY, Texas
HARRIS W. FAWELL, Illinois
PAUL B. HENRY, Michigan

SUBCOMMITTEE ON HUMAN RESOURCES

DALE E. KILDEE, Michigan, *Chairman*

TERRY L. BRUCE, Illinois
CARL C. PERKINS, Kentucky
DENNIS E. ECKART, Ohio
AUGUSTUS F. HAWKINS, California
(Ex Officio)
(Vacancy)

THOMAS J. TAUKE, Iowa
E. THOMAS COLEMAN, Missouri
THOMAS E. PETRI, Wisconsin
JAMES M. JEFFORDS, Vermont
(Ex Officio)

For sale by the Superintendent of Documents, Congressional Sales Office
U.S. Government Printing Office, Washington, DC 20402

CONTENTS

	Page
Hearing held in Washington, DC, on October 29, 1985	1
Statement of:	
Alvarado, Donna M., Director, ACTION, Washington, DC; accompanied by Rick Ventura, Deputy Director, ACTION; Daniel Bonner, Director of Domestic Operations, ACTION; Lowell Genebach, budget officer; Robert Mackichan, general counsel; Roland Goodman, Associate Director for Management and Budget	2
Graham, Jeanne, director, Senior Companion Program, Niagara County, Niagara Falls, NY; Inez S. Hedemann, director, social work department, Mount St. Mary's Hospital of Niagara Falls, Lewiston, NY	42
Sugarman, James, president, National Association of RSVP Directors, New York, NY; Elizabeth Austin-Cherin, board member, National Association of Foster Grandparent Program Directors, representing Rita Katzman, president, National Association of Foster Grandparent Program Directors, Muskegon, MI; Nancy Doctor, president, National Association of Senior Companion Project Directors, Owensboro, KY	13
Prepared statements, letters, supplemental materials, etc.:	
Alvarado, Donna M., director, ACTION:	
Biographical sketch	2
Letter to Hon. Dale Kildee, dated November 19, 1985, enclosing responses to questions	55
Bonner, Dan, biographical sketch	3
Doctor, Nancy, president, National Association of Senior Companion Project Directors, Senior Companion Program Director, Audubon Area Community Services, Inc., prepared statement of	30
Graham, Jeanne, director, Senior Companion Program, Niagara County, NY, prepared statement of	43
Hedemann, Inez, M.S.W., director, social service department, Mount St. Mary's Hospital of Niagara Falls, Lewiston, NY, prepared statement of	49
Katzman, Rita, president, National Association of Foster Grandparent Program Directors, prepared statement of	22
Sugarman, James H., president, National Association of RSVP Directors, prepared statement of	16
Ventura, Rick, deputy director, ACTION, biographical sketch	3

OVERSIGHT HEARING ON THE OLDER AMERICAN VOLUNTEER PROGRAMS: FOSTER GRANDPARENT, SENIOR COMPANIONS, AND RSVP

TUESDAY, OCTOBER 29, 1985

HOUSE OF REPRESENTATIVES,
SUBCOMMITTEE ON HUMAN RESOURCES,
COMMITTEE ON EDUCATION AND LABOR,
Washington, DC.

The subcommittee met, pursuant to call, at 10 a.m., in room 2261, Rayburn House Office Building, Hon. Dale E. Kildee (chairman of the subcommittee) presiding.

Members present: Representatives Kildee, Bruce, Petri.

Staff present: Susan Wilhelm, staff director; Trudy Wright, senior legislative associate; Tom Kelley, clerk; Carol Lamb, minority legislative associate.

Mr. KILDEE. I appreciate your presence here this morning. The Subcommittee on Human Resources meets this morning for the purpose of an oversight hearing on the three Older American Volunteer Programs: The Retired Senior Volunteer Program, better known as RSVP; the Foster Grandparent Program; and the Senior Companions. It would be difficult to find any three programs that have met with more general acclaim than these three programs.

During the recent 20th anniversary festivities for the Foster Grandparent Program, Nancy Reagan said, "No program has so captured my imagination and support," and she described it as "a simple idea with heart warming results." It is very hard, of course, to argue with success, and I am sure we don't want to do that today. We do want to do more than congratulate ourselves for being associated with some excellent programs. We also want to look at these programs in a very careful and concerned manner.

We will be working on legislation to reauthorize the Older American Volunteer Programs during the next few months. Today is an opportunity to consider ways that these programs might become even more effective. No law, including this law, is written on Mt. Sinai. If parts are inadequate or inappropriate or ineffective, or parts can be made even better, changes can and should be made. That is the purpose of this oversight hearing today. It is not, as such, a reauthorization hearing, but oversight always looks to what we have and looks to what we might have, also.

Before we turn to the witnesses let me say a personal word about my pleasure at being associated with these Older Volunteer Pro-

grams. I guess all of us in some way are aware of older people in our communities, very often in our own families. I have a mother who is 85 years old, and I am very grateful that these programs do exist. I have always believed that Government's primary role is to promote, defend, protect and enhance human dignity. If governments all over the world, from here to the Philippines to Nicaragua to Chile—if every government would ask itself are we promoting, defending, protecting and enhancing human dignity, it would, indeed, be a very fine world.

And what can promote human dignity more than a program that provides opportunities for people to help one another in meaningful ways. I think the person extending the help and the person receiving the help has their dignity enhanced and promoted by that.

Our first witness this morning is Ms. Donna Alvarado, who has been Director of the ACTION Agency since last spring.

I appreciate your coming to my office a few weeks ago. It was a very good meeting. I appreciate that—more than just a gesture on your part; it was a very, very productive and good meeting in my office, and I appreciate that. We welcome you here this morning for your first appearance before this subcommittee. You may proceed in any manner you wish, Ms. Alvarado.

STATEMENT OF DONNA M. ALVARADO, DIRECTOR, ACTION, WASHINGTON, DC, ACCOMPANIED BY RICK VENTURA, DEPUTY DIRECTOR, ACTION; DANIEL BONNER, DIRECTOR OF DOMESTIC OPERATIONS, ACTION; LOWELL GENEBACH, BUDGET OFFICER; ROBERT MAC KICHAN, GENERAL COUNSEL; ROLAND GOODMAN, ASSOCIATE DIRECTOR FOR MANAGEMENT AND BUDGET

Ms. ALVARADO. Thank you very much, Mr. Chairman. I am pleased to appear before you today as the Director of ACTION, the national volunteer agency that supports over 400,000 volunteers throughout the United States.

I would like to introduce my colleagues sitting at the table with me. Mr. Rick Ventura, the Deputy Director of ACTION; Mr. Dan Bonner, the Associate Director for Domestic Operations, and Mr. Lowell Genebach, who is ACTION's budget officer. In addition, I would like to introduce you to two new members of the ACTION senior management team, and they are our new general counsel, Robert C. MacKichan, Jr., and our new Associate Director for Management and Budget, Mr. Roland A. Goodman.

[Biographical sketches of Ms. Alvarado and Messrs. Ventura and Bonner follow:]

BIOGRAPHICAL SKETCH OF DONNA M. ALVARADO, DIRECTOR, ACTION

As Director of ACTION, the national volunteer agency, Donna M. Alvarado directs the activities of some 375,000 Americans who currently serve as volunteers in ACTION programs.

Alvarado was nominated as ACTION Director in February, 1985, and confirmed April 3, 1985.

Since 1983, Alvarado had served as Deputy Assistant Secretary of Defense for Equal Opportunity and Safety Policy in the Office of the Secretary of Defense.

From 1981 to 1983, she was counsel to the U.S. Senate Committee on the Judiciary, Subcommittee on Immigration and Refugee Policy. Alvarado served as assistant director of the Office of Policy Coordination, Office of the President-elect, 1980 to 1981, and was a research associate for the U.S. Select Commission on Immigration and Refugee Policy from 1980 to 1981.

Alvarado also served on the staff of the U.S. House of Representatives Select Committee on Narcotics Abuse and Control, and managed education programs for the Department of the Army at Fort Sill, Oklahoma.

Alvarado is a member of the President's Task Force on Legal Equity for Women and has served as executive vice president of the Mexican-American Women's National Association. She is also a member of the Republican National Hispanic Assembly and the American Society for Public Administration. She has been a consultant to the Hispanic Leadership Conference, The National Association of Counties and the National League of Cities.

The daughter of a career Air Force officer, Alvarado earned her M.A. and B.A. from Ohio State University in 1970 and 1979 respectively, and pursued doctoral studies in Latin American Literature at the University of Oklahoma.

BIOGRAPHICAL SKETCH OF DAN BONNER

Dan Bonner of Rockville, Maryland is the associate director of ACTION for Domestic and Anti-Poverty Operations. Bonner, who has a background in the fields of administration and policy management, directs the activities of more than 390,000 volunteers throughout the country in the Foster Grandparent Program, Retired Senior Volunteer Program (RSVP), Senior Companion Program and Volunteers in Service to America (VISTA).

From 1973–80, he administered contributions programs in urban affairs, education, health, welfare, culture and public policy at the Chase Manhattan Bank in New York City. From Jan.–Aug. 1981, he was a research associate at the Ethics and Public Policy Center in Washington, DC. Prior to joining ACTION, he was director of development at Emory University's Law and Economics Center in Atlanta, Georgia.

From 1970–73, Bonner was a financial information analyst at the Chase Manhattan Bank.

Bonner has also taught English at Long Island University and has written articles on Philanthropy. He received a B.A. in English from Fordham University in New York City in 1970 and an M.A. in that field from New York University in 1973.

He lives in Rockville with his wife, Patricia, and their three children.

BIOGRAPHICAL SKETCH OF RICK VENTURA, DEPUTY DIRECTOR, ACTION

Rick Ventura, a Los Angeles native, was confined by the U.S. Senate on July 31, 1985 to serve as Deputy Director of ACTION, the national volunteer agency.

President Reagan nominated Ventura for the ACTION post in June, 1985. ACTION oversees the activities of more than 390,000 volunteers in community projects around the U.S.

Before coming to ACTION, Ventura served, since 1982, as executive director of the National Advisory Council on Adult Education in Washington, DC., a Presidentially appointed council advising The White House, the Secretary of Education and the Congress on all adult education development and policy issues.

Ventura served as director for Brackely, John Price Jones, Inc. of Los Angeles from 1980 to 1981. He was western states' finance director for the Reagan for President Campaign in Los Angeles from 1979 to 1980.

From 1973 to 1979 Ventura was with the University of Southern California in Los Angeles—as director of development for special programs (1976 to 1979) and as director of planning for university libraries (1973 to 1979). He also served as assistant dean of student affairs at Whittier College, Whittier, California, from 1970 to 1973.

A 1968 history graduate of California State University in Los Angeles, Ventura earned his M.A. in political science from the university in 1970.

He resides in Bethesda, Md. with his wife, Ann, and their daughter, Megan.

President Reagan best summarized the mission of our agency when he said that:

The spirit of voluntarism and compassion for others is a vital part of our national character * * *. Citizens from every walk of life volunteer their time, energy and resources to help those less fortunate than themselves. We can never fully measure the positive effects that each kind word or deed has upon this great and wonderful land.

As you indicated, Mr. Chairman, our programs are unique in that both those who give and those who receive benefit so much more than they would if volunteer programs were not assisting them. This we believe represents the best spirit of America: Americans reaching out to other Americans and providing that person-to-person assistance that indeed no government can really do without the assistance of its citizens.

Our Nation's volunteers, many of whom serve through ACTION's programs, gain a unique sense of pride and accomplishment from helping their neighbors in their communities. For young people, it is an opportunity to develop an appreciation for the satisfaction of serving others. They learn that as members of a free and democratic society they have a responsibility to help others. Through our programs older Americans have an opportunity to share the knowledge and the wisdom of a lifetime.

In the past year, ACTION volunteers contributed over $350 million worth of services to our Nation. The value far exceeds monetary calculation. In brief, ACTION volunteers support others, particularly people at risk with regard to poverty, the elderly, refugees, illiterates, and drug abusers, to become independent, self-sufficient, contributing members of our society.

Local voluntarism is an indispensable part of the health and well-being of our society. ACTION volunteers inspire others to volunteer. They call forth matching efforts and contributions from all segments of the community.

ACTION shares this subcommittee's concern, and your personal concern, Mr. Chairman, for older citizens. Our Older American Volunteer Programs match the skills and energy of older adults with community and individual needs. As you indicated, ACTION sponsors three Older American Volunteer Programs. I would like to give a brief summary of each.

The Retired Senior Volunteer Program [RSVP] involves approximately 365,000 part-time, nonstipended volunteers age 60 and over. In fiscal year 1985, these older persons, serving in 751 RSVP projects, generated more than 68 million volunteer hours.

This year we intend to increase the opportunity for service by expanding the program to include additional placements in literacy, crime prevention, in-home care, youth counseling, consumer education, and drug abuse projects. We will also continue our efforts to attract retired professionals and other skilled volunteers.

In fiscal year 1985, 38,500 RSVP volunteers were involved in home health care activities. By the end of this fiscal year, we project that number will increase to more than 48,000. This reflects an evolution in the assignment of RSVP volunteers who initially provided friendly visiting services for the homebound elderly. Today, home health care assignments—long-term care, personal care, and respite care—include activities such as shopping, companionship, information and referral, social and recreational activities, and escort services. RSVP volunteers also serve as members of support groups to victims of stroke, heart attack, and alcohol and drug abuse. In Dubuque, IA, for example, 20 trained RSVP volunteers served as peer counselors with mental health patients at Mercy Health Center, and at Findley Hospital they provide assistance to cancer patients.

With additional moneys provided in fiscal year 1985, the Retired Senior Volunteer Program created 20 new projects and expanded the activities of 191 existing projects. Nearly 18,000 new volunteers are expected to participate in opportunities for service that otherwise would not have existed.

ACTION set aside $100,000 of the expansion funds for a special adult literacy effort in partnership with the Laubach Literacy Council, B. Dalton Booksellers, and the National RSVP Project Directors Association. Laubach will make 23 small literacy incentive awards to RSVP projects for a 1-year period and provide technical assistance to all RSVP projects involved in this important area. We anticipate that this partnership will continue for 3 years, by which time RSVP projects will be significantly involved in adult literacy activities on an ongoing basis. This is critical, as we know that we have 26 million adult Americans who are functionally illiterate.

In the Foster Grandparent Program, October has been designated as National Foster Grandparent Month by the Congress in honor of those who participate in the Foster Grandparent Program, which is celebrating its 20th anniversary.

The FGP provides opportunities to low income, stipended volunteers age 60 or over to assist children with special or exceptional needs. Last year over 19,000 foster grandparents in 259 community-based projects, including approximately 400 volunteers on 10 non-ACTION-funded projects, served in institutions for the mentally retarded, mentally ill, and the physically handicapped; pediatric, children's and general hospitals; in schools; correctional facilities; day-care centers; and group and private homes. On a typical day approximately 66,000 children with special needs were being served.

In fiscal year 1985, the Foster Grandparent Program received $6.4 million in additional funding. Of this amount, $5.2 million was used to pay for the 20 cents an hour stipend increase. The remainder of the new funds went to program activities, which included the expansion of some existing projects and funding five new projects in communities where none existed before.

Explicit in every foster grandparent assignment is the direct person-to-person relationship with the child served. The essence of the program is expressed in this relationship, providing social, psychological, educational, and other nontangible benefits to both the foster grandparent and the child. It is very difficult to adequately express the uniqueness and the extraordinary nature of this program in language. The best way is to go and visit one of these programs, as all of us have done, and see firsthand the contributions that these elderly Americans are making to these extremely needy children.

The Senior Companion Program [SCP] provides opportunities to low-income, stipended volunteers age 60 and over to provide personal assistance for daily living activities to older persons with physical, mental, or emotional impairments. In fiscal year 1986, an estimated 6,200 senior companions in 112 projects, including 900 volunteers in 16 non-ACTION-funded projects, will serve some 24,000 persons in the 50 States, the District of Columbia, and Puerto Rico.

As we know, we must find new ways to provide long-term care in the face of rapidly escalating health costs. The use of senior companions is one option. Home care services by a trained senior companion working within the framework of a professionally developed plan can augment professional and paraprofessional services, allowing clients to maintain their independence at home.

The Senior Companion Program's strength is its capacity to provide one-to-one personal support for homebound older people at risk of inappropriate institutionalization. SCP training in personal care, nutrition, home management, and advocacy for homebound clients enhances the lifelong, care-giving skill of older volunteers. Senior companions are in a unique position to augment the formal in-home care-giving system. For example, in Craftsbury and Newport, VT, senior companions are serving homebound elderly under the supervision of registered nurses from the North Essex Home Health Care Agency. Throughout the nine-county rural area, senior companions are providing one-to-one service to the isolated, frail elderly.

In accordance with the provisions of the 1984 amendments to the Domestic Volunteer Service Act, ACTION has expanded the Senior Companion Program emphasis on care to the homebound elderly. Grants of 10 to 15 additional volunteer service years were awarded to 17 existing projects. These grants will produce a total of 189 service years. In addition, 19 new projects ranging from 21 to 65 service years each were awarded, which will produce a total of 847 service years.

The expansions and new projects will incorporate the new features of the law. Professionals and students from a wide range of disciplines, active and retired, will act as community volunteer trainers. They will assist in training and with the ongoing support of senior companion volunteers.

Experienced senior companion leaders will assist volunteers during training and initial assignments. All volunteers will serve the following target populations: homebound living alone, older persons being discharged from acute care hospitals, older homebound persons whose primary care-giver is in need of respite, older persons with past or current substance abuse problems, and the terminally ill.

In summary, we awarded grants totaling over $3 million to support 912 volunteers in 25 States during the first operational year of the Senior Companion Homebound Elderly effort. The additional senior companions will eventually serve over 3,600 older persons. We also awarded a contract to design and implement a comprehensive evaluation measuring the 5 research areas specified in the law.

I wish to thank the subcommittee for the opportunity to discuss our programs. I look forward to working with you, Mr. Chairman, and with your staff and with the subcommittee in making this the best year ever for promoting voluntarism in America.

Mr. KILDEE. Thank you very much, Ms. Alvarado.

As you mentioned in your testimony, our 1984 amendments provided new authority for new projects for senior companions to assist those homebound elderly and also provided nearly $5 million for this program.

You mentioned this in your testimony. Have these programs been in place long enough to have collected any data as to their value? How soon do you expect to have information, or the evaluation required by the 1984 amendments?

Ms. ALVARADO. Well, they have not been really in existence, in terms of the new SCP components and the additional projects which started this year, long enough to accurately gauge the effects. However, we are moving forward with the evaluation contract, and we expect that, working with the projects involved with the homebound elderly, we will begin to gauge these effects over a multiyear period. It will take us some time because it will be a longitudinal study.

However, regarding to some of the unique facets of the 1984 amendments, such as the recruitment of community volunteer trainers to train the senior companions, we do know that potential sponsors who submitted their grant proposals addressed this topic, and in so doing, they anticipated relative ease in recruiting the trainers from a variety of sources. The major recruitment sources were retired professionals, student interns, and active professionals from volunteer stations and other service providers. Several sponsors have indicated that they have already secured commitments from potential trainers.

So the aspects that are required in the law, and certainly those aspects that will be reviewed in the evaluation, are very clearly indicated to those sponsors, and we feel that they will be tracking these requirements carefully, and we certainly will be in the course of our ongoing site visits through our regional and State offices.

Mr. KILDEE. I think it is very important that we do get the evaluation and I am glad you are gearing up for that. One of the phenomena that is taking place right now is an attempt to save dollars in Medicare programs. The DRG's have come in—diagnostic related groups—and we do know that people are leaving hospitals, and even sometimes convalescent homes, earlier than before. The saying is that they are very often leaving sicker and quicker, and that is a reality. I have seen that in my own family. And with those people going home earlier because of the DRG's, the Federal Government may be saving money, and we might dispute that. It may be saving money in the Medicare area, but what should we be doing then to make sure that those services are provided at home? Even from a cold, fiscal point of view, I am sure the services can be provided in a less costly manner if the services are there. I think it is very important. If the DRG's are proper, if they are effective, and if they are needed, then we certainly should be making sure that when that person gets to his or her home that those supportive services are provided. So I think this is an area where we really want the evaluation. Because I think that the Congress may very well have to look at authorizing additional funds just for this area right here; where someone coming into that home looking after the needs and helping that person take care of those needs is going to be a growing phenomenon.

Ms. ALVARADO. Mr. Chairman, we do have data on the use of the senior companions in meeting this need. In fiscal year 1985, over 200 hospitals served as volunteer stations for the Senior Companion Program, and this represented a 50-percent increase in a 2-year

period. An estimated 825 volunteer service years were provided in this area. In 1986, 60 percent of the components will include acute care hospitals with a minimum of 90 volunteer service years, which represents 50 percent of those volunteer service years, and 20 percent of all the senior companion volunteer service years will be in the area of the discharge from acute care hospitals.

I believe you will be taking testimony later from three hospitals in the Niagara Falls, NY, area, and they will be sharing with you information with regard to the particular benefit that the Senior Companion Program has had in this area.

We do have some statistics which show steady progress in utilization of senior companions in this area, and we will continue to track that.

Mr. KILDEE. I am looking forward to that testimony, too, from the Niagara Falls hospitals, because I would like to see more widespread use of formalized counseling through the social worker and the discharge office to be able to tell that person and their family that these are—not only tell them that these services are available, but actually make that linkage there. Make that so that we can guarantee that person will have someone coming to their home to carry out those services. So I am interested and looking forward to their testimony, too, to see how they can formalize that.

Our 1984 amendments included a new section, section 224, restricting the director's control over the expenditure of local funds in excess of those required as a local match. I understand there has been some controversy over these provisions and this interpretation. How are you coming with the implementation of this provision?

Ms. ALVARADO. Very well, Mr. Chairman. We believe we have reached consensus on the guidance implementing this section of the law. In accordance with the requirement as stated in section 224, the ACTION Agency has issued guidelines to implement the intent. Specifically, the Agency understands that sponsors have flexibility to expend locally generated funds on behalf of volunteers in their ACTION projects. This flexibility is understood to be in keeping with the spirit of low cost programming and at the same time with the general understanding that the expenditures shall not be inconsistent with the Domestic Volunteer Service Act.

ACTION intends to ensure that the flexibility called for in the legislation is retained. We realize that programs already exert great efforts to advance the interest of the volunteers by keeping costs to a minimum. In formulating our guidelines, we have communicated with all interested parties, and the document we have prepared is being circulated for comment. We believe it gives ample testimony to these efforts to reach out and hear from all interested parties.

Mr. KILDEE. Thank you. The law requires that volunteers be reimbursed for work-related expenses and the regulations require that volunteers be covered with personal liability protection, with excess automobile liability insurance and personal injury insurance for accidents that occur during volunteer service.

My question is what provision is made for loss of stipend income when the volunteer cannot serve because of a work-related injury?

Ms. ALVARADO. Well, as you indicated, Mr. Chairman, the coverage that we currently require is for the excess auto liability and accident insurance, and we do offer the group rates through the Corporate Insurance Management Agency [CIMA]. This coverage provides the volunteers with all of the same coverages provided in workers' compensation except for the continuation of the stipend.

Our concern is that when some projects purchased workers' compensation to cover the stipend, there was a potential for a great cost burden and overlapping coverage with the CIMA insurance.

Finally, there is the fact that entitlement to such programs such as worker compensation could represent the volunteer as workers and not as volunteers. We know that the purpose of the stipend is not as an entitlement income transfer program nor is it remuneration for employment, but rather it exists to provide low-income volunteers with the opportunity to serve at no cost to themselves.

So this is some of the thought that has gone into the provision of the insurance option without going into the worker compensation arena. It is an area that I have some experience with. I served as Deputy Assistant Secretary of Defense in the safety area, and I know the staggering costs that can accrue for workers compensation for employees who may need to be reimbursed for years and years and years.

Nevertheless, ACTION is sensitive to the concern that some project directors have indicated over the loss of stipend when a volunteer is injured, and we would certainly be willing to explore other options to workers compensation that might be available which offer continued support to the volunteer without jeopardizing their status as volunteers as opposed to paid workers.

Mr. KILDEE. Just one thing comes to mind. Suppose someone is 60 years old and is injured. Could there be any provision at least—I underscore at least—to provide them with some workman's comp because of the loss of the stipend because they have been injured on the job—we are talking about on-the-job injuries here—until they qualify, say, at 62 for Social Security? Something to carry them at least in that period. Is any thought given to that?

Ms. ALVARADO. Well, Mr. Chairman, we would be more than happy to discuss various options with you. The idea of worker compensation per se carries with it the concept that the volunteer is not in fact a volunteer but is a worker, an employee, and that is where the difficulty comes. But in recognizing that sometimes hardships can occur, we will be pleased to talk with you and your staff about ways that we might address this.

Mr. KILDEE. All right. Maybe when comes up for reauthorization we will look more deeply into some way to carry them at least until another program might be triggered to take care of some of their economic needs.

Ms. ALVARADO. Certainly.

Mr. KILDEE. You mentioned when we met earlier the possibility of increasing the number of foster grandparents and senior companions by enlisting nonstipended volunteers in these projects. Could you comment on that, what you might be doing in that area?

Ms. ALVARADO. Well, Mr. Chairman, our idea was to explore the possibilities of expanding both the Foster Grandparent and the Senior Companion Programs through the involvement of nonsti-

pended volunteers. As I have traveled around the country and as the deputy director has traveled around, we have gone to project after project where we talked to directors who indicate that they are constantly getting calls from individuals in the community who would be interested in serving as foster grandparents or as senior companions but they do not meet the low income requirements. They are turned away if there is no comparable program available within that community, either working in this area or through an RSVP program.

We also see the really heart-rending cases. Here in Washington, for example, I went to a foster grandparent project for severely retarded children There was child after child who was so severely retarded that all they could do was lie on a pallet all day long. Because there are not enough foster grandparents to go around, these children are simply not able to get the stimulation and the touching and the caring that they would get if there were enough foster grandparents available to meet their needs.

It is frustrating to know that there are Americans who would like to serve in these programs, but they do not meet the low income requirements, and there are certainly children who have a great need and frail elderly as well.

I hope to be able to take a look at some creative and fresh approaches that we might embark upon without jeopardizing the existing programs which might enable us then to expand these programs without Federal funding. This is an area I have discussed briefly with the project directors. I look forward to further discussions with them and with you to see how we might meet these needs.

Mr. KILDEE. About 15 years ago—you mentioned retarded children—I visited a facility for retarded children in Michigan, and picked up one of the very severely retarded children, carried him around with me for about 5 minutes. And that little boy wanted love so much that when I had to put him down we were both broken hearted. He really was; I can recall that, and as long as I live I will remember that. He was broken hearted, and so was I.

So that really would be an area where we could—just extending love and some concern for someone like that, again upholding, promoting, enhancing that person's dignity would be very helpful.

Ms. ALVARADO. Absolutely.

Mr. Chairman, I would also point out in the senior companion area there was an article in the Washington Post this morning, citing a report by the Population Reference Bureau, which indicates that today about one aged person in four needs nursing home care or special help at home. This includes 5.2 million Americans who, while remaining at home, require help in the tasks of daily living. The Population Reference Bureau projects that that number will double by the year 2020 and because of the increasing number of women entering the work force as well as the decline in the youth population there will be more than ever a need for volunteers to reach out and be able to assist the frail elderly.

So it is in that spirit also that we begin to look at other opportunities for expanding the programs without expanding the Federal costs.

Mr. KILDEE. One final question. What type of technical assistance does ACTION offer the project directors?

Ms. ALVARADO. Mr. Chairman, we offer at least three types of technical assistance. We provide training by ACTION staff at the regional and State level. Our project directors attend two training events per year, which usually include one regional and one State OAVP conference. In 1985, project directors attended an interregional, which is a three-region conference, and one regional or State conference. In fiscal year 1986, of course, the new senior companion homebound elderly project directors will attend a national training event.

Second, we provide monitoring and technical assistance visits by ACTION project managers. Each of our older American projects is visited at least once a year for this purpose.

And finally, we offer technical assistance papers and materials to the projects by ACTION; these include programming guidance, policy interpretation, information on availability of non-ACTION funding, et cetera. We are particularly interested in expanding and improving technical assistance relating to fundraising for project directors. In the last 3 years ACTION regional OAVP conferences have had sessions on fundraising and resource development. ACTION has provided opportunities for OAVP project directors to discuss their experiences and share their successes in this area. ACTION field staff have worked with individual projects developing a strategy on the generation of non-ACTION resources. And in our goals and objectives for the Agency for fiscal 1986 we include expanding assistance in this area. We have had good discussions with the members of the ACTION Advisory Council on just how we can begin to expand access to private sector resources and community support to our project directors. The members of the advisory council are very active in their communities throughout the country and have indicated—from our chairman, Mr. W. Clement Stone, and all the others—their great interest in assisting our ACTION projects in their parts of the country to reach out to various corporations and other assistance in fundraising.

Mr. KILDEE. I am just curious. Right now in the budget process have you interfaced with OMB when you prepare your budget? This just occurred to me right now. I hadn't planned to ask this, and maybe you are not prepared to answer it. Under the Gramm-Rudman proposal, do you have any ideas how you might relate to that midyear crisis; you know, if they aren't within the deficit range, how you might have to interface with OMB to make sure you have enough dollars to carry out your programs?

Ms. ALVARADO. Mr. Chairman, are you referring to fiscal year 1986 moneys?

Mr. KILDEE. Well, right now we are not sure whether we are going to apply this to 1986. This is one of the big battles in conference. But under the Gramm-Rudman proposal, if it appears at a certain time that the deficit is going to go beyond that which has been set up by Gramm-Rudman, then there has to be some virtually automatic cuts take place, or across-the-board cuts with certain exemptions. I am just wondering whether you are thinking about how you would relate—right now you relate at certain times of the

fiscal year to OMB. It may be that you will have to relate again to OMB to protect your programs.

Any comment on that?

Ms. ALVARADO. Mr. Chairman, I am not familiar with the specifics as they would relate to ACTION. We have submitted, of course, our 1987 budget request to OMB. Beyond that I would ask our budget officer, Mr. Lowel Genebach, for his comments.

Mr. GENEBACH. Mr. Chairman, I would recommend that we take a conservative approach. Currently, we are operating under a continuing resolution which allows us a very restrictive amount of money for all operating needs. We will probably have to continue such restrictive operations if the conference committee applies the proposal to fiscal year 1986. We do not want to be caught in any antideficiency posture by spending at the one rate during the first part of the year and at a reduced level during the rest of the year.

Mr. KILDEE. Your programs would have to be cut really severely then in the second part of the year if you had spent at the regular rate in the first part of the year; right?

Mr. GENEBACH. That is right, Mr. Chairman. However it is unclear what effect Gramm-Rudman would have on our agency.

Mr. KILDEE. And then even if we were not to apply it in 1986 but apply it in 1987, you would still have that problem facing you?

Mr. GENEBACH. Yes; and be uncertain as to our authorized funding level until final decisions were forthcoming on the difficult target.

Mr. KILDEE. Halfway through the fiscal year you might be told that there has to be a 10-percent cut or 8-percent cut.

Mr. GENEBACH. In order to avoid violating the Anti-Deficiency Act I would recommend putting funds into a reserve to meet such a contingency.

Mr. KILDEE. I had not intended to ask that question, but I read in the Washington Post this morning that the President is going to be, someone said, shooting hostages after Friday if we don't pass that bill, so we have to be ready for that.

Thank you very much for your testimony, it has been very good. We may be submitting additional questions based upon the issues raised by some other witnesses here today, and we would appreciate your written response to those additional questions for our record.

Ms. ALVARADO. Thank you, Mr. Chairman.

Mr. KILDEE. We appreciate your continued cooperation. Thank you very much.

Our next panel will consist Mr. James Sugarman, president, the National Association of RSVP Directors, of New York, NY; Ms. Elizabeth Austin-Cherin, board member, National Association of Foster Grandparent Program Directors, representing Rita Katzman, president of the association, Muskegon, MI; and Ms. Nancy Doctor, president of the National Association of Senior Companion Project Directors, from Owensboro, KY.

STATEMENTS OF JAMES SUGARMAN, PRESIDENT, NATIONAL ASSOCIATION OF RSVP DIRECTORS, NEW YORK, NY; ELIZABETH AUSTIN-CHERIN, BOARD MEMBER, NATIONAL ASSOCIATION OF FOSTER GRANDPARENT PROGRAM DIRECTORS, REPRESENTING RITA KATZMAN, PRESIDENT, NATIONAL ASSOCIATION OF FOSTER GRANDPARENT PROGRAM DIRECTORS, MUSKEGON, MI; NANCY DOCTOR, PRESIDENT, NATIONAL ASSOCIATION OF SENIOR COMPANION PROJECT DIRECTORS, OWENSBORO, KY; A PANEL

Mr. SUGARMAN. We are honored to be able to speak and meet with you today, Congressman Kildee, and members of the committee. We are pleased to be able to present testimony as representatives of the different associations.

My name is Jim Sugarman. I am president of the National Association of RSVP Directors. I am also the director of RSVP in New York City, which is the largest RSVP in this country; we have over 10,000 volunteers in the 5 boroughs.

I am always honored to be able to speak about RSVP because it is a program that I feel has unlimited opportunities and unlimited potential. I am pleased that we provide opportunities for older Americans to provide service in their own communities.

As my testimony is lengthy, I will highlight several major points and ask that my full testimony be placed in the record.

Mr. KILDEE. Without objection, your entire testimony will be included in the record, and you may summarize in any fashion that you wish.

Mr. SUGARMAN. Thank you very much.

We, in New York City, take particular pride that RSVP and the model for RSVP was developed on Staten Island in 1965, 20 years ago. That model was first developed at Willowbook State School, which is a facility for the developmentally disabled, which at that time was dealing with extreme overcrowding. We found that with the 23 volunteers there working together, having peer support, that it could be very successfully implemented, bringing these volunteers together to serve developmentally disabled children. The program was so successful that in 1971 when the program was launched under ACTION the program grew dramatically within the first few years. In 1971, however, there were only 11 projects, but shortly thereafter the numbers increased by the hundreds, so that today there are over 700 projects nationwide.

The National Association of RSVP Directors, which represents over 60 percent of the directors throughout the country, has been in existence since 1976. Our primary purpose has been visibility and advocacy for RSVP as well as a communication network for RSVP directors. We have had opportunities to work closely on a variety of different legislation that has affected the Older American Volunteer Programs. We also work closely with other groups that are interested in the well-being of the elderly. We feel most fortunate at this time to have a close working relationship with Donna Alvarado and the ACTION national office, and that continues to build.

In my testimony, I have included numerous items, two of which are the section 224 and the initiation by our Association of the Lit-

eracy Project with the B. Dalton Booksellers, Laubach Literacy, and ACTION. Both efforts, worked jointly with ACTION, have been very, very successful in terms of their implement, in terms of being able to bring forth information that has helped our projects nationwide.

I have also had the opportunity, like Ms. Alvarado, to visit RSVP programs throughout the country. Not nearly as much as I would like to, as the president of the association, but nonetheless I have had the opportunity to visit projects and see the incredible work that is being provided by RSVP volunteers. It is incredible. It is heart warming. Let me just list a few of the projects that I have observed and that I am familiar with.

In Minneapolis, MN, eight volunteers serve the deinstitutionalized mentally retarded with companionship and living skills. This is a project that takes place in many areas around the country, particularly where we are dealing with large institutionalized populations that are now living in halfway houses or other kinds of group-living settings. Volunteers are assisting in a variety of different capacities.

In Lincoln, NE, 125 volunteers provide telephone reassurance. We see this kind of program repeated time and time again and how integral that is to the whole long-term-care variety of services.

In New York City, which, of course, I am most familiar with, we have 75 volunteers serving the homeless. And we try to do more and more in that area all the time with our increasing numbers of homeless people.

One thing that RSVP has been doing more and more of is serving in low-income communities, and also encouraging service to at-risk populations. We have had a positive impact on the community for the client, for the patient, for the student, and also for senior volunteers. The cost to the taxpayer has been negligible. The benefits for all have been immeasurable.

There is no typical RSVP volunteer. I tried to pull together a composite of volunteers, but even last week at our recognition ceremony, where we had 6,000 volunteers, I made a statement to all of our volunteers that here in New York City we have over 100 volunteers over the age of 90. So we continue to provide opportunities for a great continuum of people.

RSVP has continued to receive increased support by the Congress, and we are very, very pleased. We have had an opportunity to receive technical assistance from ACTION. We also receive a great deal of funding from many other sources. And I can't help but underscore that. Many of us are constantly spending more and more time doing fundraising all the time, rather than program development. Fundraising is coming now in over 30 States. Thirty States are providing State funding, but many of us depend on funding from foundations, corporations, businesses, local governments, and, of course, our local sponsors. We feel it is our responsibility to continue developing fundraising efforts.

However, even with these resources, we are very concerned by revenue sharing. We feel this is going to have a dramatic impact upon RSVP programs nationwide. We are presently—the national association is presently involved in doing a study of how revenue sharing is going to affect our programs.

We are also concerned with the Gramm-Rudman bill, and we know that this will mean additional cuts on a national level. We hope that you will do all in your power so that RSVP and other Older American Volunteer Programs will not be affected by these bills.

As decisions are made regarding reauthorization, we hope that the bill you develop will propose as few changes to existing law as possible, so that it can move through the process quickly. However, we are recommending several things. We recommend that there be a 7-percent increase each year for the next 3 years with 1987, 33.27; in 1988, 35.60; and 1989, 38.09. Each year the number of older people reaching retirement age increases. New dollars will only enable us to reach out to those individuals. And as the number of people increase over the age of 60, we would like to be able to provide more meaningful opportunities. Though RSVP is perhaps ACTION's most cost effective program, every volunteer we take on costs us. We are not like a volunteer ACTION center, just placing individuals. Each volunteer, there are insurance costs related to it, there are staff and administrative time, and many volunteers are in need of transportation reimbursement and we try to provide that as well.

We also ask that the position of director of the Older American Volunteer Programs be upgraded to a Presidential appointment with Senate confirmation. This would bring prestige to the position, thereby assisting the building of a national image for the Older American Volunteer Programs in gaining greater access to the private sector.

We understand, and it was mentioned earlier, that ACTION is proposing the possibility of nonstipended Foster Grandparent Programs and Senior Companion Programs, and I would like us to really take a look at that very, very closely. I think the need for more individual volunteers in these settings is critical. I think particularly with issues like the DRG's, particularly with the needs. And I, too, have visited developmentally disabled facilities and have worked in them and know that the needs are critical there.

I would like us, however, in examining this particular possibility that we look at what kind of impact this has on the FGP and SCP Programs. Those programs are known as programs serving low-income elderly as well, and this would be changing the dimension of those particular programs.

It would also duplicate in many cases what RSVP is presently doing. We do have volunteers doing modified kinds of jobs in RSVP that FGP and SCP is doing, and perhaps we need to look at that as another possibility. It would further create an inequity between stipended and nonstipended volunteers doing the same thing. I have personally seen where RSVP and FGP volunteers are working side by side doing similar activities. If the job is not modified to some extent, we find that the RSVP volunteers in time will say: "I'm doing the same thing, I'm not receiving the same compensation." We need to modify the job to some extent and we need to look what are some of the issues. We believe that a great deal of time needs to be taken to explore this issue. We do think, however, that there are many possibilities.

And the last point that I would like to bring up is the Levin-Roybal bill which is currently before Congress, which would encourage and enable older people to serve as education aides for children in public schools. Though we support this bill and we very heavily believe in intergenerational activities, we hope that you move on this legislation and that the program would be administered by ACTION, as opposed to the Department of Education.

RSVP has been involved in education and tutorial intergenerational activities since its inception, and we would be well suited as a vehicle for the operation of this particular project.

In closing, permit me to express my appreciation. I think the National Association having an opportunity to meet with you is very fortunate, and hopes to be able to affect the legislation in a way that benefits all.

Thank you very much.

Mr. KILDEE. Thank you very much.

[The prepared statement of James H. Sugarman follows:]

PREPARED STATEMENT OF JAMES H. SUGARMAN, PRESIDENT, NATIONAL ASSOCIATION OF RSVP DIRECTORS

Congressman Kildee and Members of the Committee, thank you for inviting us to present testimony to this Oversight Hearing. My name is James Sugarman. I am President of the National Association of Retired Senior Volunteer Program Directors and the Director of the Retired Senior Volunteer Program in New York City. I am always honored to be able to speak about RSVP, its activities and its unlimited potential as a support for older Americans and as a resource for service.

As the Director of RSVP in New York City I take particular pride in acknowledging that the prototype for RSVP was developed on Staten Island in 1965. This model, known as Project SERVE, Serve and Enrich Retirement by Volunteer Experience, was created at a time when increasing numbers of women, a primary volunteer population, were moving into the labor force, few models of organized senior volunteerism had been developed, and older people were starting to retire earlier and, in turn, were being faced with the age-old question of how to best use retirement years. Based on RSVP's success and growth, I am sure you will agree that the original model was successful at addressing those issues.

In 1971, when the program was launched under ACTION, the federal volunteer agency, the premise was to provide meaningful opportunities for older people. Today the program is also concerned with addressing community needs through senior volunteer personpower. In 1971 there were eleven projects. Today there are over 700 projects with over 350,000 volunteers across the nation. And we believe that we are dealing only with the tip of a great iceberg of potential talent.

The National Association of RSVP Directors, which represents over 60% of RSVP Directors throughout the country, has been in existence since 1976. Our purpose has been to provide, through a national focus: visibility and advocacy for RSVP, a communications network for RSVP Directors and projects, and a vehicle for expression of opinion on behalf of RSVP and older Americans to ACTION, the Administration on Aging, Congress, and other appropriate governmental and national units.

We have worked, and continue to work with other interest groups in promoting the well-being of the elderly. As a result of our intervention, we have influenced legislation which has enabled our programs to grow.

RSVP has undergone many changes since its beginning, though the basic premise to provide meaningful opportunities for older people has remained the same. The Association has monitored these changes and, as best as possible, has worked closely with ACTION to assist in the implementation of new guidelines and program priority areas. This has been particularly true during the last year with Section 224 and the initiation by the Association of a literacy project with B. Dalton Booksellers, Laubach Literacy and ACTION.

Section 224 provides Project Directors greater flexibility in the allocation of funds to address their particular community needs and gives ACTION a better picture of volunteer costs. It has been carefully monitored by the Association so that Project Directors will be able to implement it with minimal problems. The literacy initiative has provided projects with average grants of $2,400.00 to carry out adult liter-

acy projects involving senior volunteers. Over 190 projects applied for these funds. Unfortunately, there was only $120,000.00 available, so that only a handful of projects actually received funds. We hope that the future will bring many more opportunities for our Association, ACTION, and the private sector to develop such partnerships. We are pleased that this one has already been so successful.

RSVP is a program for all communities in service to all populations in need. Since its inception on Staten Island, where 23 volunteers fed, clothed and sewed for hundreds of disabled children, RSVP has invariably sought to address the needs of each particular community of which it has become a part. Our volunteers provide millions of dollars of enhancement, enrichment and support services in hospitals, nursing homes, public schools, shelters, senior centers, tax counselling facilities, food pantries, and other non-profit, cultural, social service, educational and public service settings. Let me give you a few specific examples:

In Willoughby-Eastlake, Ohio, 70 volunteers serve in the school district as teachers' aides, English-as a-second-language tutors, Adult Basic Education instructors.

In Minneapolis, Minnesota, eight volunteers serve the deinstitutionalized mentally retarded with companionship and living skills.

In Rhinelander, Wisconsin, five volunteers serve children in a Domestic Violence Shelter.

In Gloucester, Massachusetts, 25 volunteers provide tax counselling to over 1200 low-income elderly.

In Bellingham, Washington, 46 volunteers provide a Surveillance to Detour Vandalism at the bus terminal.

In Los Angeles, California, 20 volunteers work at the UCLA Psychiatric Hospital, providing direct service to patients.

In Lincoln, Nebraska, 125 volunteers provide telephone reassurance.

In Limestone County, Alabama, 10 volunteers fingerprint children in a missing children's program.

In New York City, New York, 75 volunteers serve the homeless.

These are but a handful of the hundreds of thousands of assignments carried out by RSVP volunteers nationally. The positive impact on the community, for the client, patient, student, and also for the senior volunteer in incalculable. The benefits for all are immeasurable. The cost to the taxpayer is negligible.

The National Association of RSVP Directors is pleased that RSVP has continued to receive increased support by Members of Congress over the last fifteen years. Enhancement funds, which have been made available to selected projects, and ACTION technical assistance regarding private sector resource development have been most helpful. In addition, we are also grateful to the thousands of other supporters, which include foundations, corporations, businesses, local governments, and over 30 states, which have provided funds and other resources. We know that in this era of limited federal dollars we have a responsibility to further develop these resources.

It is important to note that even with these resources, projects will be effected drastically by cuts in revenue-sharing. Some of our projects will lose 20% to 40% of their operating expenses. In addition, passage of the Gramm-Rudman Bill will mean additional cuts on the national level. We hope you will do all in your power so that RSVP and the other Older American Volunteer Programs will not be effected by these bills.

Most RSVP programs have not received an increase in federal funding over the last seven years. As a result many projects have made cutbacks in support to volunteers and in administrative costs. As decisions are made regarding the reauthorization, we hope that the bill you develop will propose as few changes to existing law as possible, so that it can move through the process quickly. However, we recommend that the ceiling be increased by seven percent each year for the next three years. This would provide each project with increased dollars and enable expansion and continuation of efforts to address new initiative areas. We recommend the following ceilings: 1987, 33.27; 1988, 35.60; and 1989, 38.09.

Each year the number of older people reaching retirement age increases. With these additional dollars we will be able to increase our senior volunteer personpower. As well, additional funds will enable us to develop recruitment and placement of more skilled retirees.

We also ask that the position of Director of the Older American Volunteer Programs be upgraded to a Presidential appointment, with Senate confirmation. This would bring prestige to the position, thereby assisting the building of a national image for the Older American Volunteer Programs and gaining greater access to the private sector.

We understand that ACTION may propose non-stipended Foster Grandparent and Senior Companion volunteers. It is the view of the National Association of RSVP Directors that such opportunities would dramatically change those two programs and effect RSVP as well. It would not be cost-free for SCP and FGP projects, as there would still be costs for administration and out-of-pocket expenses. It would duplicate what RSVP is presently doing and change the image of SCP and FGP as programs for low-income elderly. It would further create an inequity between stipended and non-stipended volunteers doing the same thing.

The Levin-Roybal bill, currently before Congress, would encourage and enable older people to serve as education aides for children in public schools. Though we support this bill and hope that you move on this legislation, we ask that the program be administered by ACTION and not the Department of Education. RSVP has been involved in education, tutorial and intergenerational activities since its inception and would be a well-suited vehicle for operation of this project.

In closing, permit me to express my appreciation, on behalf of the National Association of RSVP Directors for having this opportunity to testify before you today.

NATIONAL ASSOCIATION OF RETIRED SENIOR VOLUNTEER PROGRAM DIRECTORS, INC.

HISTORY

The National Association of RSVP Directors, Inc. was created in 1976 in Chicago, Illinois, at a meeting of interested RSVP Directors from across the country. Officers were elected and were charged with developing by-laws and operating practices. The organization was incorporated in the State of Indiana in 1979 and received the 501(c)(3) status in 1984.

PURPOSE

The purpose of NARSVPD, Inc. is to provide through a national focus: visibility and advocacy for RSVP; a network of communications among RSVP Directors and projects; a vehicle for expression of majority opinion on behalf of RSVP and older Americans to ACTION, the Administration on Aging, Congress and other appropriate governmental and national units.

STRUCTURE

Active membership is open to all RSVP Directors. Active members have voting privileges. Associate membership is available to other RSVP project staff and to all other interested persons or groups.

NARSVPD, Inc. is operated through a Board of Directors. The Board of Directors is composed of nationally elected officers (President, Vice President, Secretary, Treasurer) and a Regional Representative elected by the paid members of ACTION outlined regions. The Board of Directors meets twice a year. The fall meeting is held in Washington, D.C. and the spring meeting is held in conjunction with the Annual Meeting.

NATIONAL AGENDA

Professional development of RSVP Directors through workshops and training programs of technical assistance.

Resource development through networking with both the private sector and public agencies.

Advocacy for older Americans as a national resource.

Communication on issues and ideas relevant to RSVP.

Representation for those served by RSVP speaking on their behalf before national government bodies.

Management of RSVP: to aid in the management of RSVP Directors through the development of surveys and data bases.

For more information, contact: Jim Sugarman, President, 36 East 22nd St., New York, NY 10010, (212) 614-5485; or Fran Butler, Washington Representative, 11481 Bingham Terrace, Reston, Virginia 22091, (703) 860-9570.

Mr. KILDEE. Libby.

Ms. AUSTIN-CHERIN. Good morning, Congressman Kildee. Greetings from the great State of Michigan.

I am very pleased to testify this morning and to represent Ms. Rita Katzman, who is the president of the National Association of Foster Grandparent Program Directors, and she is the project director of a program in Detroit, MI, which is one of the original 21 Foster Grandparent Programs in the country 20 years ago. I, myself, represent the Muskegon, MI, Foster Grandparent Program.

The National Association of Foster Grandparent Program Directors has been in existence since 1971. Our membership currently totals 171 members, which represents over 75 percent of the directors in the country today. In testifying this morning, I would like to provide you with an overview of what is happening in FGP throughout the country today, and I would like to share with you a brief history of the program over the last 20 years and discuss its evolution during that time; also, to bring to your attention some difficulties the programs are facing today and discuss a little bit about future directions of FGP.

In September of 1965, when the first 21 Foster Grandparent Programs were funded, whole programs, sometimes with 40 or more volunteers, were often assigned to children in large institutional settings where they served mentally retarded, physically handicapped children in one-to-one, ongoing, consistent relationships. This, then, became the traditional-type of foster grandparent programming and it remained so for many, many years with the senior volunteers, all of whom are low income, 60 years of age or older, serving 20 hours a week; very often, 8 to 12, 9 to 1 o'clock, Monday through Friday. Management of the programs in those days was fairly simple. Then a small staff could supervise all these foster grandparents working in just one or two settings.

It is important to stress today that good, strong supervision for the foster grandparents themselves is a key element of the success of our programs. This includes not only giving needed direction and support to the volunteers in their relationships with their assigned children, but to also support the volunteers in any other way that we can in enriching their lives; that of personal or family problems, housing or medical difficulties, legal needs, and so on.

During the last 20 years there have been spectacular and exciting changes in the Foster Grandparent Program since those beginnings. There are now 249 programs, as you heard earlier today, operating with about 19,000 foster grandparents around the country. The program has gradually taken on a far broader, community-based structure, which has enabled foster grandparents to serve children with a very wide range of special or exceptional needs and has also served to demonstrate that the true versatility of the senior volunteers and their ability to adapt to youngsters of all types is evident in the various settings where they serve.

Volunteer settings today include such places as State institutions and nursing homes for retarded youngsters; day-care centers; hospitals, where foster grandparents serve in pediatric inpatient, child psychiatric and neonatal intensive care units; residential treatment facilities for emotionally disturbed children and adolescents; schools for the blind, deaf, hearing disabled, learning disabled, special education children and students with problem behaviors; group home settings with runaway youth, troubled youngsters, abused children, substance abusers and delinquents; Head Start Programs;

shelters for battered women and children; school sites and homes for teenage parents and their babies; juvenile justice sites such as training schools and detention facilities; and lastly, but certainly a new direction for us, private, foster and group homes with developmentally disabled and/or abused children.

With a strong emphasis on deinstitutionalization that continues to grow across our country today, there are fewer and fewer appropriate institutional placements available for the foster grandparent volunteer. Programs must incorporate more community-based settings and must look toward more home settings, in-home placements for foster grandparents if we are to best meet the needs in society as they exist today. These are the new directions for the Foster Grandparent Program.

Along with these changes come others that affect overall program operation. Supervision—a big point that I mentioned before—that was adequate for groups of foster grandparents placed within one or two settings earlier can no longer be effective when that same staff must cover the same or often an increasing number of senior volunteers in sometimes as many as 10 or 20 different settings. Seniors are now assigned any day of the week as appropriate to the particular volunteer station, and at most any time of day. I am aware in my own program some foster grandparents go to work at 6:30 in the morning and some of the last go home at 10 o'clock at night. But each serves only 4 hours during that time I should add.

As the number of sites increases, the strain on transportation needs also increases manyfold. Also, the training needed by the foster grandparents must be as varied as the type of settings where they are assigned.

As you can see, the Foster Grandparent Program has evolved into a most dynamic, diversified program offering a wide variety of service opportunities to the seniors who are a part of it and who give so freely of themselves to others. As you well know, the number of low-income elderly continues to increase with each passing year.

The National Association was so very pleased with the 1984 legislation and with the many gains enjoyed by the programs and the foster grandparents themselves as a result. We are indeed grateful for the fine support and the recognition received from the members of the committee and its awareness of our growing needs. Needless to say, we were delighted when our volunteers received a 20-cent-an-hour stipend increase and to see that this extended to all foster grandparents, including non-ACTION-funded seniors in both ACTION- and non-ACTION-funded programs. This, by the way, was a big problem in Michigan where we have eight programs completely State funded, and we were pleased that we did get the stipend increase for those people.

Section 224, which does provide great flexibility in budgeting for local programs, was a provision that the three OAVP Directors Associations had strived for for quite sometime. We are all very pleased to have been working closely with ACTION in this area, and particularly of late a great deal of progress has been made, particularly with ACTION headquarters, towards the implementation of section 224. We also acknowledge the responsibility of the

community-based sponsors of our various Foster Grandparent Programs and the role that they must be playing in developing and allocating our resources for all areas of program operation.

In terms of the future, our authorization expires September 30, 1986, and we are certainly hoping Congress will provide a 3-year extension of our program, thus enabling even more older Americans to benefit from participation and allowing even greater service to our special and exceptional needs children. To do so, there is a need for an increase in our authorization level. Our current ceiling for funding is $58.7 million, while our funding level itself currently stands at $56.1 million.

We feel there is a need for a reasonable increase in that ceiling if we are to make room for growth and further diversity. It is our feeling that a 7-percent increase in our ceiling for each of the three years under the extension of authorization is quite reasonable. The figures would then be for 1987, $62.8 million; for 1988, $67.2 million; and for 1989, $71.9 million. This would allow for program growth to meet expanding community needs as well as the increasing number of low-income senior citizens who come to us waiting to enter the programs.

As programs age, so do the foster grandparents. Our programs must be expanded to enable us to be bringing in new and younger volunteers into our various sites, thus allowing for future survival of our programs. Also, the number of special and exceptional needs children in our communities who could benefit from foster grandparent relationships is limitless, as you mentioned before.

We are not—and I would like to stress this—therefore advocating major changes in the reauthorization bill when it does come up, other than a strong recommendation for the increase in our funding ceiling, as ACTION is still involved in implementing those changes designated in the 1984 legislation. Our association would also like to recommend the position of the Director of Older American Volunteer Programs be upgraded to that of a Presidential appointee requiring Senate confirmation. This would then ensure that the national head of the Older American Volunteer Programs can be afforded the stature and the prestige so richly deserved by this position and can have better access to corporate and private sector funding sources. This is most assuredly a direction that all OAVP will be taking, and the national head of the program will certainly need to play an essential part in developing inroads into these private sector funding sources.

There is an idea currently within ACTION, that was mentioned earlier this morning, to promote growth of the Foster Grandparent Program through the use of nonstipended volunteers. Although our association is indeed eager to work with ACTION in seeing program expansion and to serve larger numbers of low-income seniors, to do so utilizing nonstipended volunteers could place increasing stress on already severely limited budget resources. Although a stipend would not be paid to these people, other program benefits such as daily transportation, supervision, insurance coverage, and so on, would need to be available to new volunteers and, as will be discussed later, programs are currently experiencing serious constraints in these areas. One of the truly unique aspects of the service provided to special and exceptional needs children by foster

grandparents is a consistent, one-to-one, day-after-day relationship developed between the old and young.

A change in the program itself, a change in format that has been throughout the last 20 years proven to have been of extreme value to both foster grandparents and the children they serve work if we are using nonstipended volunteers. Can we expect the same quality of programming if stipended and nonstipended are forced into situations serving side by side, such as Mr. Sugarman mentioned earlier. And also, perhaps, we should consider that having nonstipended volunteers as foster grandparents could be construed as a conflict with the Retired Senior Volunteer Program, which is designated to provide services to the nonstipended senior volunteer.

Mr. Chairman, there are some circumstances we would like to bring to the committee's attention, and of prime importance among these are the severe administrative constraints facing most Foster Grandparent Programs today. There have been no funding increases, as you well know, for most programs, other than those moneys earmarked for the raise in stipends for the volunteers, in the past 6 to 8 years. Programs are experiencing serious difficulties in maintaining current levels of volunteers. And, for each foster grandparent lost to the program so, too, are special children in need of foster grandparent RSVP's. Programs cannot develop the type and level of supervision that is required for strong operation with new and expanding community-based settings that are ever so much more challenging.

In addition, provision of adequate daily transportation for our volunteers is becoming virtually impossible. That is past being difficult. Last year, one director reported, and this is a director from Grand Rapids, MI, that although her transportation budget would be expended by the end of May, the end of her grant year didn't come until November of that year. This is but one example of what is occurring nationwide. Directors around the country are being forced into a situation where they must meet 1985 transportation costs with 1977–78 allocation when gas was 50 cents a gallon.

Directors are being forced with decisions involving cutbacks in the number of seniors who are able to participate in the programs, and this should not be necessary. We should be serving greater numbers of seniors and youngsters, certainly not fewer. The emphasis on deinstitutionalization in our communities dictates further directions of the Foster Grandparent Program. If we are adequately to meet these challenges, we must have the necessary resources to do appropriately and professionally.

We would like to thank you once again for the opportunity to testify this morning. Thank you.

Mr. KILDEE. Thank you very much, Libby.

[The prepared statement of Rita Katzman follows:]

PREPARED STATEMENT OF RITA KATZMAN, PRESIDENT, NATIONAL ASSOCIATION OF FOSTER GRANDPARENT PROGRAM DIRECTORS

Congressman Kildee, members of the Committee, thank you for inviting me to submit testimony to this oversight hearing. I have prepared this lengthy statement which I request be made a part of the hearing record. My name is Rita Katzman, I am president of the National Association of Foster Grandparent Program Directors and director of the Foster Grandparent Program in Detroit, Michigan.

The National Association of Foster Grandparent Program Directors has been in existence since 1971, and the membership currently totals 171, thus representing over 75% of the directors in the country today. The purpose of the organization is to provide a unified body to deal with concerns facing older americans and to work together toward improvement of the Foster Grandparent Program and the betterment of life for the foster grandparents. A fact sheet on the Association is attached to my statement. The program in Detroit is one of the original 21 such programs first funded in September, 1965, and it has grown to become one of the largest programs in the country serving 278 foster grandparents and 500 children and adolescents at the present time.

We are pleased to testify about the Foster Grandparent Program and to provide an overview of what is happening throughout the country. I would like to share with you a brief history of the Foster Grandparent Program, to discuss its evolvement over the past twenty years, to bring to your attention some difficulties the programs are facing in their attempts to maintain current operating levels.

In September, 1965, when the first 21 Foster Grandparent Programs were initially funded, groups of foster grandparents (35–40) were placed in large institutional settings where they were assigned to provide one-to-one, ongoing and consistent relationships with mentally and/or physically impaired, emotionally disturbed or dependent and neglected youngsters. This, then, became the "traditional" type of program and remained so for several years with the senior volunteers, all of whom are low income, and sixty years of age or older, serving twenty hours per week, usually every morning, Monday through Friday. Management of the programs was fairly simple as a small staff could readily supervise the seniors assigned as they were in large groups within one or two volunteer stations.

It is important to stress that the provision of good, strong supervision for the foster grandparents is a key element in the success of these programs. This includes not only giving needed direction and support to the volunteers in their relationships with their assigned foster grandparents, but in also assisting them in any other way that can aid in enriching their lives—personal and/or family problems, housing and medical difficulties, legal needs, etc.

There have been spectacular and exciting changes in the Foster Grandparent Program since those beginnings, and there are now 249 programs in operation today utilizing the talents and skills of 19,000 foster grandparents. The program has gradually taken on a much broader, community-based structure. This has enabled foster grandparents to serve children with a wide range of special and/or exceptional needs and has also served to demonstrate the true versatility of the senior volunteers and their ability to adapt to youngsters of all types, in a variety of settings and exhibiting many levels of behavior.

As an example of the above, and using my own program in Detroit as a demonstration of these changes, we currently have 278 foster grandparents placed in over 35 volunteer settings plus 35 individual foster or private home sites. These settings include: State institutions and nursing homes with retarded youngsters; day care centers; hospitals—pediatric inpatient, child psychiatric and neo-natal intensive care units; residential treatment facilities for emotionally disturbed children and adolescents; schools for the blind, the deaf, the learning disabled, the special education child or the student with problem behavior; group home settings with runaway youth, troubled youngsters, abused children, substance abusers, delinquents; head-start programs; shelters for battered women and children; school sites and homes for teenage parents and their babies; juvenile justice sites (training schools, detention facilities); private, foster, group homes with developmentally disabled or abused children.

This is but a partial listing of the sort of experiences facing foster grandparents today. And with the strong emphasis on deinstitutionalization that exists and continues to grow across the country, there are fewer appropriate institutional placements available for the senior volunteer. Programs must incorporate more community based settings and must look toward developing more home assignments for foster grandparents if we are to best meet the needs in society as they are today. These are the new directions for the Foster Grandparent Program.

Along with these changes come others that affect overall program operation. Supervision that was adequate for groups of foster grandparents placed within one or two settings can no longer be effective when that same staff must cover that same, or an increasing number, of seniors assigned to 6–10 settings. This is no longer a program where foster grandparents serve only during morning hours. Seniors are now assigned any day of the week as appropriate for the setting and the senior and any where from 8:00 A.M. to 8:00 P.M. As the number of sites increases, the strain

on transportation needs also increases many-fold. The training needed by the foster grandparents must be as varied as the type of placements utilized.

As can be seen the Foster Grandparent Program has evolved into a most dynamic, diversified program offering a wide variety of service opportunities to the seniors who are a part of it and who give so freely of themselves to others. And, as you well know, the number of low income elderly continues to increase with each passing year. Changes must be made if the program is to meet these expanding needs among our Older American population.

The National Association was so very pleased with the 1984 legislation and the many gains enjoyed by the programs and the foster grandparents as a result. We are indeed grateful for the fine support and the recognition received from the members of the Committee and its awareness of the growing needs of the programs. Needless to say we were delighted to see our volunteers receive a twenty cent per hour stipend increase and to see this extended to all foster grandparents, including non-ACTION funded seniors to both ACTION and non-ACTION funded programs. Section 224, which provides greater flexibility in budgeting to local programs, was a provision that the three national OAVP Directors Associations had strived toward for quite some time. We have been working closely with ACTION in this area, and particularly of late a great deal of headway and progress is being made in moving ahead with the implementation of Section 224. We also acknowledge the responsibility of the community-based sponsors of the Foster Grandparent Program on the local level and the role they should be playing in developing and allocating resources for all areas of program operation.

In terms of the future, our Authorization expires September 30, 1986, and we would hope that Congress would provide a three year extension of our program, thus enabling more Older Americans to benefit from participation in it and allowing even greater service to special/exceptional needs children. To do so there is a need for an increase in our authorization level. Our current ceiling for funding is $58.7 million while our funding level currently stands at $56.1 million.

We feel there is the need for a reasonable increase in that ceiling if we are to make room for growth and further diversity. It is our feeling that a 7 percent increase in our ceiling for each of the three years under the extension of the Authorization is quite reasonable. Those figures would be: for 1987—$62.8 million; for 1988—$67.2 million; and for 1989—$71.9 million. This would allow for program growth to meet expanding community needs as well as the increasing number of low income seniors in need of service. Many programs are experiencing large waiting lists of foster grandparent applicants while the number of vacant positions within the programs remain relatively small. In Detroit alone we maintain a list of over 150 seniors eligible for partipation as foster grandparents, and for most of them the wait is well over 12–16 months before an opening occurs. In addition, seniors are remaining with the program for longer periods of time, and as the programs age, so do the foster grandparents. Programs must be expanded to enable bringing in new and younger volunteers to the sites and thus allow for future survival of the programs. And, the numbers of special/exceptional needs youngsters in our communities who could benefit from a foster grandparent relationship is limitless.

We are not, therefore, advocating major changes in the Reauthorization Bill other than a strong recommendation for the increase in our funding ceiling, as ACTION is still involved in implementing those changes designed in the 1984 legislation. The Association would like to recommend that the position of Director of Older American Volunteer Programs be upgraded to that of a Presidential Appointee, requiring Senate confirmation. This would then insure that the national head of the Older American Volunteer Programs can be afforded the stature and prestige deserved by this position and can have better access to corporate and private sector funding sources. This is most assuredly a direction that all three OAV Programs will be taking, and the national head of the program will need to play an essential part in developing inroads into these private sector resources. As indicated earlier, it is also hoped that Congress will provide an extension of the Foster Grandparent Program and that serious consideration will be given to raising our ceiling to the recommended level.

A proposal is being considered within ACTION to promote growth of the Foster Grandparent Program through the use of non-stipended volunteers. Although the Association is indeed eager to see program expansion and to serve greater numbers of low-income seniors, to do so utilizing non-stipended volunteers could place increasing stress on already severely limited budget resources. Although a stipend would not be paid, other program benefits—daily transportation, supervision, insurance coverage, etc.—would need to be available to new volunteers. And, as will be discussed later, programs are currently experiencing serious constraints in these

areas. One of the truly unique aspects of the service provided to special/exceptional needs youngsters by the foster grandparents is the consistent, one-to-one relationship developed between the old and young on a twenty hour per week basis. Can non-stipended volunteers be expected to commit themselves to this same degree or will we see a change in the program itself—a change in a format that has, throughout its 20 years, proven to be of extreme value to both the foster grandparents and the children they serve. Can we expect the same quality of programs if stipended and non-stipended volunteers are forced into situations of serving together within the same sites. And, perhaps to consider using non-stipended volunteers as foster grandparents is a conflict with the Retired Senior Volunteer Program, which is designed to provide service opportunities to the non-stipended senior volunteer.

Mr. Chairman, there are some circumstances we would like to bring to the Committee's attention, and of prime importance among these are the severe administrative constraints facing most Foster Grandparent Programs today. There have been no funding increases for most programs, other than those monies earmarked for the raise in stipends for the volunteers, in the past 6–8 years. Programs are experiencing serious difficulties in maintaining current levels of volunteers. And, for each foster grandparent lost to the program so, too, are the special children in need of a foster grandparent relationship. Programs cannot develop the type and level of supervision that is required for operation with new and expanding community-based settings.

In addition, provision of adequate daily transportation for our volunteers is becoming virtually impossible. Last year one director reported to me that although her transportation budget would be expended by the end of May, her program year ran through November. This is but one example of what is occurring nationwide. Directors are being forced into a situation where they must meet 1985 transportation and other costs with 1977–78 allocation levels when gas was 50 cents a gallon.

Directors are being forced with decisions involving cutbacks in the number of seniors who are able to participate in the program, and this should not be necessary. We should be serving greater numbers of seniors and youngsters, not fewer. The emphasis on deinstitutionalization in our communities dictates future directions of the Foster Grandparent Program. If we are to adequately meet these new challenges, we must have the necessary resources to do so appropriately and professionally.

Congressman Kildee, I would like to thank you and the members of the Committee for giving the National Association of Foster Grandparent Program Directors the opportunity to share with you our concerns and our hopes for the future. We are most grateful for your interest and support.

National Association of Foster Grandparent Program Directors

HISTORY

The National Association of Foster Grandparent Program Directors (NAFGPD) was created in December, 1971, in Washington, D.C., at a meeting of directors attending a national training conference. It developed from a need felt by many Foster Grandparent Program Directors to have an organization that would address itself to their collective needs and concerns relative to the betterment of the programs and enrichment of the lives of the foster grandparents. Officers were elected and charged with developing Bylaws and operating practices. Those directives were achieved in early 1972, and the NAFGPD has actively represented the needs of Foster Grandparent Program Directors nation-wide since that time.

PURPOSE

The purpose of the National Association of Foster Grandparent Program Directors is: to provide an opportunity for expression, support and a unified voice for the Foster Grandparent Programs; to provide a means for communication between the Foster Grandparent Programs and related organizations, agencies and local, state, regional and federal funding sources; to explore areas of general interest affecting senior citizens; to provide a vehicle to encourage coordinated, creative and unduplicated services to solve problems; to act as a resource and make available technical assistance to Foster Grandparent Directors and sponsors, ACTION and other community groups as needed and deemed appropriate.

STRUCTURE AND OPERATION

Active, professional membership is open to all Foster Grandparent Program Directors, coordinators and supervisors, Active members have voting privileges. Associate membership is open to all non-program staff and other interested persons or groups who share the desire to promote the program. Associate members do not have voting privileges.

NAFGPD is operated through a Board of Directors. The Board of Directors is composed of nationally elected officers. (President, Vice-President, Secretary, Treasurer) and a regional representative elected by the paid members of each of the ACTION outlined regions.

The Board of Directors meets twice a year in Washington, D.C. Financial constraints have made it impossible to hold annual meetings of the total membership, although general meetings are held whenever an ACTION sponsored national training conference is scheduled. Regional membership meetings are held to coincide with regional ACTION sessions.

AREAS OF INVOLVEMENT

Since its inception the NAFGPD has had significant impact on the operation and development of the Foster Grandparent Program nationwide. The association has been instrumental in: Securing increased appropriations for the Foster Grandparent Program. Obtaining stipend increases for the volunteers. Influencing revision of the guidelines utilized to govern program operations. Insuring greater flexibility of individual program use of locally raised funds. Serving as an advocate for Older Americans. Communicating on issues relevant to the programs and Older Americans.

Mr. KILDEE. Ms. Doctor? Nancy?

Ms. DOCTOR. Good morning, Congressman Kildee. On behalf of the senior companion projects across the country I do thank you for this opportunity to be here this morning to provide information about the Senior Companion Program and the ACTION Agency. We appreciate any opportunity to speak about the Senior Companion Program. I will speak today to points and concerns expressed in my written testimony.

The National Association of Senior Companion Project Directors was established in 1978. Its membership currently represents the majority of the projects in the country. We strive to work with the ACTION Agency, and we welcome any opportunity to join them in efforts to expand the support and the utilization of senior volunteers in the country. We are very pleased to have had an opportunity recently to meet with Donna Alvarado and establish a relationship, and we do look forward to working with her and the staff.

As you know, the Senior Companion Program is the youngest and the smallest of ACTION's Older American Volunteer programs. Including the projects and components that were just funded in fiscal year 1985, there are currently 96 projects in the country today. Senior companions are serving in a broad variety of community-based settings including home health agencies, acute care hospitals, hospices, rehab centers, nursing homes and convalescent hospitals. We think it is important, however, in looking at those settings and the efforts that are being provided through senior companions that we never lose the perspective that just as important as the service being provided by the companions is the impact that being in the program has on the volunteers itself.

The program enables these poverty-level seniors to contribute a meaningful service to other older persons, thereby improving their quality of life and delaying their entry into the client pool, so to speak. We are very excited about the data that will be generated by the impact evaluation of the new homebound elderly projects

and components funded during fiscal year 1985. We know, ourselves, from our experience that they are going to be very valuable in documenting the positive impact of the Senior Companion Program on both volunteers and clients.

I would like to highlight some examples of what senior companions are doing these days in their assignments to show the impact that they are having in their communities. Being a Michigan native myself, I have always had a great interest in the programs up there since my move to Kentucky. I am aware of one instance in Michigan where a senior companion, as a final act of desperation by a family practice clinic staff, was assigned to a recipient who had been coming into this clinic almost weekly, they said, with all sorts of different complaints and all of them requiring tests, and yet there was never any diagnosis that could be reached. After the senior companion was assigned and there was some regular contact with this woman, she stopped visiting the clinic. After a month of no contact, the clinic contacted her to find out what had happened, and she reported that she felt much better. Another month passed and there was no visit, and they contacted her again; and she just said that actually she was doing quite fine these days and didn't expect to be seeing them. That is the difference that just one caring, supporting individual can make in a person's life.

In another instance, in Wisconsin, an elderly woman was literally starving herself to death. She had no close family support. She was severely depressed. And she simply had stopped eating. After a senior companion was assigned there and had arranged for meals to be delivered for them to share together, and the companion found that the recipient had always enjoyed fresh fruit. The companion started bringing fruit when they came to visit. And over time, not very much time, when they would arrive back on the job in the morning, she found that the fruit was also gone. It had been eaten while she was gone in the evening.

It is the linking of services and needing the special, particular needs of individuals that is so key to the Senior Companion Program. Also, monitoring medications and their effect on recipients is another very important example of what companions are doing.

In Vermont, a companion was assigned to work with a woman who had had three major surgeries in the course of 1 year. She was extremely anxious, nervous, and really unable to do the daily living things that were necessary to support herself. The companion, very shortly after being assigned there, found that the woman was taking a great deal of medicine that she had gotten prescriptions for over quite a long period of time. She had somehow managed to manipulate her doctor to where if she just called the doctor and described complaints the doctor would provide a prescription over the phone without ever seeing her. The companion got the woman to go to the doctor, presented all the medications that she was taking, and the doctor actually cut off some of the prescriptions and ordered a reduction in some of the other ones that she did need to take. And almost immediately the companion saw a great change in the lady's ability to manage for herself. She became able to pay her own bills. She learned how to ride a bus to get out and meet her own needs. And she is now a volunteer at a

meal site cleaning tables and contributing to her community, rather than using. I thought that was just a wonderful example.

Congressman Kildee, as you already pointed out, the costs of Medicare/Medicaid are constantly under fire these days. The impact of DRG's are being felt more strongly all the time. I can speak to that personally in my own project. And in some areas there is a freeze on the construction of nursing home beds. All of these and many other factors are making it absolutely necessary that more options in long-term care, especially in home care, be developed. We believe very strongly that the Senior Companion in this perspective is truly a program whose time has come. The wide variety of activities that senior companions can perform and the greater intensity of service that the Senior Companion Program provides make it very much a desirable option over many other in-home services. The potential for the Senior Companion Program to be a major national force in the area of long-term care can readily be seen. It is only the necessary funding that is lacking to make this a reality for us.

It is with an eye to the future that we are here today. I am pleased to have been able to provide information in my testimony about the homebound elderly demonstration projects and components that were funded. Unfortunately, as Donna Alvarado already expressed, the grants were announced so late in fiscal year 1985 that there is no information on the impact of this demonstration right now.

The members of the National Association of Senior Companion Project Directors do have some specific concerns relative to the operation of established projects that we would like to express. As you are aware, most of our projects have received little or no funding increases from ACTION in the past 4 to 7 years. While sponsors and project directors in SCP, just as in FGP and RSVP, have been very successful in generating alternative funding sources, these have not been adequate to keep severe operating difficulties from developing. Project administration is being affected as we continue to reduce project support costs rather than cut the amount of funding dedicated to volunteer costs. Specific examples of these impacts on the projects is included in my testimony.

Along with that, concerns about covering increasing volunteer costs are also very strong. No one wants to see volunteer levels reduced, but many projects are now seeing that as the only remaining resort if increases are not received. Many projects have had to place reimbursement caps on their volunteers' travel. This means that the poverty-level volunteers are not receiving compensation to cover the actual costs that they are incurring in their services. Transportation budgets have reached such a strained point that clients are going unserved because we simply can't afford to get companions out to where those people live. It is a real shame to have to select clients based on where they live rather than based on their need. Many projects have also nearly eliminated the availability for reimbursement funds for meal costs for volunteers that experience out-of-pocket meal costs.

The National SCP Association will be joining the FGP and RSVP Associations in conducting a study of the impact that the lack of funding increases and the reduction of revenue sharing funds is

having on our project. We would be happy to share the results of this with the committee and work with you in solving the problems.

At the same time that budgetary concerns are becoming critical the demand for Senior Companion Program services is increasing dramatically. At current levels we are serving less than 1 percent of the 15 million frail elders who are potentially in need of our service. Just as important as early intervention in programming with children is early intervention with the elderly. If we can place a senior companion volunteer with a client early enough, we can have a dramatic effect on reducing the deterioration of that client's situation.

The National Association is always interested in developing and advancing the image and the purpose of the Senior Companion Program. To accomplish this goal, we feel it would be beneficial for the position of the OAVP Director to be established as a Presidential appointee. In the future it will be crucial that candidates for this position not only have a strong background in the areas of voluntarism and aging, but also have a strong entree to private sector funding sources. The prestige that would be conferred to the OAVP Director as a Presidential appointee would assure that this necessary goal is accomplished. Your consideration of this proposition would greatly be appreciated.

We are also aware, as my other two colleagues have pointed out, of ACTION's interest in the consideration of a nonstipended senior companion and foster grandparent component. The motivation behind this effort does appear to be both desirable and logical. Both programs, as we have pointed out, have extensive waiting lists of volunteers and clients alike. Some means of bringing these two groups together would be a very appropriate goal. We have presented several concerns in our testimony that we think need to be addressed in bringing this effort to a reality. It is also important, though, to consider that while a nonstipended senior companion or foster grandparent would be less expensive to support than the traditional volunteers, they would still not be free. We really hope that we will have an opportunity to work with ACTION in exploring the feasibility of implementing this concept or developing alternatives that would allow the programs to expand their volunteer levels. But we must reiterate that this cannot be done without some additional funding.

Again, we appreciate the opportunity to share our present concerns and our future visions for the Senior Companion Program. As our authorization will soon be expiring, we hope that when it does come up that you will recommend that Congress provide a 3-year extension of our programs. As you can see from this testimony, we are not advocating any major changes for the program. Your consideration of the concerns and the recommendations presented herein will be appreciated.

We thank you, as always, for your interest and your support for the elderly that we try to serve. Thank you.

Mr. KILDEE. Thank you very much.

[The prepared statement of Nancy Doctor follows:]

PREPARED STATEMENT OF NANCY DOCTOR, PRESIDENT, NATIONAL ASSOCIATION OF SENIOR COMPANION PROJECT DIRECTORS, SENIOR COMPANION PROGRAM DIRECTOR, AUDUBON AREA COMMUNITY SERVICES, INC., OWENSBORO, KY

Congressman Kildee and members of the Committee, on behalf of the Senior Companion Program projects across the country, I thank you for this opportunity to testify about the Senior Companion Program and the ACTION agency.

The National Association of Senior Companion Program Directors (NASCPD) was established in 1978. Its membership currently includes project directors, from nearly every state representing 65% of the projects in the country. The purpose of the NASCPD is to provide an opportunity for expression of opinion on matters effecting Senior Companions across the country and to provide a means of regular communication among the project directors. The Association enjoys a very good working relationship with the ACTION agency and welcomes opportunities to encourage efforts to expand the support and utilization of senior volunteers in this country.

The Senior Companion Program is the youngest and smallest of ACTION's Older American Volunteer Programs. The Senior Companion Program has expanded since the original eighteen (18) projects were funded in 1974, but even at the level of ninety-six (96) projects today is far from meeting the needs of our rapidly increasing aging population. As you are aware, the aging segment of our country's population is increasing at a rate faster than any other. The demands that increase has placed on services for the elderly in the past decade have been tremendous. The development of the Senior Companion Program is one of the best responses to meeting those needs. The program has generated an increasing variety of volunteer opportunities for the low-income older person. Senior Companions are serving today in such settings as community based home health agencies, acute-care hospitals, hospices, rehabilitation associations and centers, public health departments and clinics, mental health agencies and associations, nursing homes and convalescent hospitals. All these efforts are increasingly essential in building a continuum of care for our "at-risk" elderly. And yet the fact that Senior Companions in many areas of the country have become an integral part of the long-term care service strategy is only one part of the SCP story. Just as important is the impact participating as a Senior Companion has on the volunteers themselves. Provision of the stipend and other benefits enables these proverty-level seniors to contribute a meaningful service to other persons they see as less fortunate than themselves. By improving the quality of life for the Senior Companions, their own entry into the "client pool" is delayed—saving much more, monetarily and otherwise, than it costs to support the program. We look forward to the data that the impact evaluation of the new Home-Bound Elderly projects and components funded during FY '85 will provide in further documenting the positive impact of the Senior Companion Program on both volunteers and clients.

To better understand the Senior Companion Program, a description of a "typical" volunteer might be helpful. I will draw from my own project's statistics to do so. She is seventy-years old. She lives alone, and is struggling with the idea of giving up her home and moving into an apartment. She already has her name "on the list" in case she makes up her mind to do so. She wears eyeglasses—and hasn't had the prescription checked for three years because there's always something more important to do with the money. She has a car, but doesn't like to drive it after dark or in bad weather, never "in the city." She has one child who lives within 30 miles—the others have moved away. Her income consists of Social Security and a little interest she draws from a bank account—it totals $4,575 annually. Other than when she goes to the Health Department for her annual SCP physical examination she sees a doctor only in case of emergencies. Before joining the program she experienced a lot of anxiety, a lack of energy, and periods of depression. Now she says she sleeps better, has a better appetite, and has more friends. She says she joined the program to help others—because she always enjoyed "working with old folks."

Some first hand examples of actual Senior Companion's efforts with their selected recipient can provide an overview of the effectiveness of the Senior Companion Program.

In Michigan a Family Practice Clinic was very frustrated in dealing with an elderly female client. She had been coming into the clinic almost weekly with a myriad of complaints, all requiring expensive tests. They were never successful in reaching a diagnosis. In desperation, a Senior Companion was assigned to provide emotional support and in-home assistance. After, one month, the woman reported that she was feeling must better! The next month, her file was again reviewed. She has not returned to the clinic since that time. All she had really needed was some attention, regular contact, and caring.

In response to the special needs of elders who have visual and hearing impairments, another Senior Companion in Michigan who has the same handicaps works with clients to help them learn coping and adaptation techniques that will enable them to learn to perform the skills they need to continue living in their own homes.

The Wisconsin Senior Companion Program received a referral on an 85 year old woman who was starving herself to death. She had no family support and was severely depressed. Through the Senior Companion, arrangements were made to have a noon meal delivered for both the woman and the volunteer. After learning that the client had always been very fond of fresh fruit, the Companion also started bringing some each day and leaving it in the refrigerator. After a short time, the woman was eating the lunches—and when the Senior Companion arrived in the morning, the fruit delivered the day before was gone. As her strength returned, so did her will to survive. It was the need to know that someone else cared that made the difference.

Another experience in Wisconsin is that of an older woman living alone in an upstairs flat who had been told she would have to go to a nursing home. She was totally confined to bed, and unable to meet any of her basic needs for herself. A Senior Companion was assigned to her, and as part of her care plan, brought in other services to meet her needs. A live-in care provider was arranged for and special lifting and toileting equipment secured. The Senior Companion continued service to provide respite care and companionship. The woman remained in her own home.

The Medical Center Hospital of Vermont has found the Senior Companion Program can play an important part in facilitating early discharge and preventing institutional placements. By starting SCP assignments with patients while they are still in the hospital it has been found that the volunteer is better prepared to support the patient at home. This also assures the hospital staff that the patient will receive appropriate follow-up care after discharge.

Monitoring medications and their effect on recipients is an important part of many Senior Companions' assignments. A volunteer in Vermont was assigned to a woman who had over the past three years undergone surgeries for ulcers, gall bladder and a broken hip. The woman was very nervous, and unable to do things like shop, pay bills or buy groceries for herself. The Senior Companion found the lady had been taking a lot of medicine for a long period of time. She would call the doctor and get prescriptions written without going in to see him. When the Companion persuaded her to see the doctor, several of her prescriptions were discontinued, and others cut back. Almost immediately her attitude improved and she became more alert. She became able to pay her own bills, took interest in buying things for her apartment, and learned how to ride the bus to the mall—alone. Now, she works at the area meal site cleaning tables as a volunteer.

A Senior Companion volunteer worked herself out of an assignment with a 75 year old blind woman. The woman lived in a one-room apartment in a senior living complex. The woman was unable to go out on her own, and barely able to navigate her apartment. The Companion first arranged things in the room so the woman could get around on her own. Then, they started learning the complex itself. The recipient is now able to travel within the units on her own, even going to the grocery alone. The Companion was reassigned to another recipient when the woman said she could manage—and the Companion should "go on to someone who needs you more."

With the costs of Medicare and Medicaid increasingly coming under fire, the impact of DRG's being felt more strongly all the time, and the freeze on the construction of new nursing home beds some areas, more options in providing long-term care—especially in-home care—must be developed. The members of the NASCPD, and many other professionals who have become familiar with the Senior Companion Program in the past decade, believe strongly that this is a program "whose time has truly come." The perspective of senior helping senior provides benefits that are incomparable. Further advantages of the Senior Companion Program are the variety of activities Senior Companions can perform and the greater intensity of service SCP provides compared to most in-home services. The potential for the Senior Companion Program to be a major national force in the area of long-term care can be readily seen—only the necessary funding is lacking to make it a reality.

It is with an eye toward the future that we are here today. I am pleased to provide information on the new SCP projects and components that were granted under the Home-Bound Elderly Demonstration funds in FY '85. In all, nineteen (19) new projects and seventeen (17) new components to existing projects were funded. On an annualized basis these projects will support an additional 1,036 Senior Companions. (See charts attached for project locations and volunteer and funding levels). Unfortunately, since these grants were announced just prior to the end of FY '85 there is

no information on the impact of the demonstration that I can present to you at this time.

The members of the NASCPD have some specific concerns relative to the operation of established projects we would like to express. Most of our projects have received little or no funding increases from ACTION (other than to raise the volunteer stipend) for the past four to seven years. While sponsors and project directors have been very successful in generating alternative funding sources, these have not been adequate to help severe operating difficulties from developing. Project administration is being effected as we continue to reduce project support costs rather than cut the amount of funding dedicated to volunteer costs. Salary increases for staff have had to be eliminated or delayed, and in some projects staff positions have been cut. Project directors report that staff attrition rates are an increasing concern. Travel reimbursement funds for staff to monitor volunteer placements and to support project development activities are being curtailed in some locations. Basic operational needs such as telephone costs, copying, forms and postage costs are a few of the other areas project directors report are causing increasing budget problems. Concerns about covering increasing volunteer costs are just as strong. No one wants volunteer levels reduced, but many projects see that as the only remaining resort if increases are not received. Many projects have had to place reimbursement "caps" on their volunteers' travel. This means that the poverty-level volunteer is not receiving compensation for actual costs incurred in their volunteer services. Some projects have also nearly eliminated their reimbursement to Senior Companions for the out-of-pocket meal costs. New service opportunities—even those in the emphasis areas we are asked to address—must go wanting because there is no means of transporting the volunteers to their assignments. The elimination of revenue-sharing funds presents an additional spector for consideration. Some projects are feeling the cuts in their present year budgets. Many have been notified to plan on submitting requests for reduced levels next year. The NASCPD will be joining the Foster Grandparents and Retired Senior Volunteer Project Directors' Associations in conducting a study of the impact the lack of funding increases and the reduction of revenue sharing funds is having on our projects. We will be happy to share the results with the committee and work with you in solving the problems.

While budget concerns are becoming increasingly difficult to manage, the demand for Senior Companion services is increasing dramatically. Most projects report that they have waiting lists of twenty-five (25) to fifty (50) potential volunteers on file. In FY '85 the 6,765 Senior Companions who served provided support to 23,314 recipients. This represents less than 1% of the 15 million "frail-elders" who potentially are in need of service. Just as early intervention is essential in meeting the needs of children with special needs, so must long-term care efforts for the elderly be initated before irreversible deterioration begins. The Senior Companion Program should be one of the earliest services established in many patients' care plans—but at today's levels of funding that will never be realized.

In looking at the increased needs of the aging population as a whole, we also see increased needs in some of our volunteers. As the projects mature, the average age of the SCP volunteers increases. As this happens, the range of activities some Companions can perform may be diminished. The quandry project directors face is how to weigh the needs of the client population against those of the volunteers. It would appear at first thought that as a volunteer program the priority should be upon our enrollees. Looking at the program initiatives and special emphasis areas however, it can be seen that we must always be conscious of the total community needs. The project directors expect this areas of conflict to continue to grow and its ramifications to be increasingly difficult to reconcile.

During FY '85, approximately 13% of the resources in the Senior Companion Program were non-ACTION funds. The NASCPD members are very pleased with the cooperative attitude that has developed within ACTION relative to flexibility in the utilization of the funds that are in excess of the required local match. The SCP, FGP, and RSVP Directors's Associations have worked very closely with ACTION on the implementation of Section 224, and feel very positive about the benefits that it will bring in allowing increased ability to address specific project needs at the local level.

In the last round of reauthorization hearings the NASCPD testified in favor of a new provision to prevent states from requiring that our projects pay into Workmen's Compensation for our volunteers. Implementation of this provision has allowed the fielding of additional Senior Companions by redirecting those funds into volunteer stipends. The Minnesota project, for example, at that time was required to pay into Workmen's Compensation at an extremely high rate. Elimination of that requirement allowed them to support three more Senior Companions. There are

some concerns amongst the project directors about providing a means to continue the stipend benefit for volunteers who are injured "on-the-job" for at lease a minimal amount of time. We are being encouraged to look at possible ways of accomplishing this goal, and would welcome the committee's involvement in resolving this concern.

The NASCPD is always interested in developing and advancing the image and purpose of the Senior Companion Program. To accomplish this goal we feel it would be beneficial for the position of OAVP Director to be established as a Presidential Appointee. In the future, it will be crucial that candidates for this position not only have a strong background in the areas of volunteerism and aging, but also have a strong entry to private sector funding services. The prestige that would be conferred to the OAVP Director as a Presidential appointee would assure that necessary goal was accomplished.

The SCP, FGP, and RSVP Director's Associations have recently become aware of a new volunteer effort that is being explored within ACTION: the development of non-stipended Senior Companions and Foster Grandparents. The motivation behind the effort appears to be very logical. Both programs have extensive waiting lists of volunteers and clients alike. Some means of bringing these two groups together would be a very appropriate goal. We have several concerns that would need to be addressed in bringing such an effort to reality. Would non-stipended volunteers be required to meet the income eligibility guidelines? If not, can they truly be called SCP's or FGP's? If so, would we not be exploiting the poverty-level volunteer by asking them to serve in the same capacity as volunteers without the same benefits? Would the non-stipended volunteers be required to serve a twenty-hour week? If not, can they truly meet the needs of our special needs children and elders on a lesser basis of service? What would be the real difference between this effort and the Retired Senior Volunteer Program? It is also important to consider that while a non-stipended Senior Companion or Foster Grandparent would be less expensive to support than the traditional volunteers in these programs, they would still not be "free." Projects would incur additional administrative costs that must be covered, as well as the direct benefits costs of travel, insurance, physicals, recognition, etc. We would be pleased to work with ACTION in exploring the feasibility of implementing this concept or developing other alternatives that would allow the programs to expand volunteer levels, but must reiterate that this cannot be done without additional funding.

We appreciate the opportunity to share our present concerns and future visions for the Senior Companion Program. As our authorization will expire on September 20, 1986, we hope you will recommend that Congress provide a three-year extension of our programs. As you can tell from this testimony, we are not advocating any major changes for the Senior Companion Program. Your consideration of the concerns and recommendations presented herein will be appreciated. As always, we thank you for your interest in our programs and your support for the elderly we strive to serve.

HISTORY

The National Association of Senior Companion Project Directors (NASCPD) was initiated in 1978. It developed from a need felt by many SCP Project Directors to have an organization that could address their collective needs and concerns relative to the Senior Companion Program and channel their efforts to resolve their problems. At the 1978 National SCP Directors Training Conference a meeting was held to form the Association. Officers were elected and charged with developing By-Laws and operating practices. These directives were achieved early in 1979, and the NASCPD has actively represented the needs of SCP Project Directors nation-wide since that time.

PURPOSE

The National Association of Senior Companion Project Directors provides an opportunity for expression and education for and by Directors of SCP Projects. It provides a vehicle for communication between the SCP Project Directors, organizations and agencies serving the Senior Companion Program, as well as the ACTION regional and national offices. The NASCPD also encourages coordinated mutually supportive services within the aging network. A major goal of the organization is to avoid duplication of services and maximize both the quality and the level of services provided for the elderly.

STRUCTURE

Active membership is open to all Directors and employees of SCP Projects. All active members have voting privileges. Associate memberships are open to other interested persons or groups (such as sponsor representatives and advisory council members). Associate members do not have NASCPD voting privileges.

The NASCPD is operated through a Board of Directors. The Board of Directors is composed of the national officers (President, Vice-President, and Secretary/Treasurer) and a Regional Representative elected by the paid members of each of the ACTION outlined regions.

OPERATION

The NASCPD By-Laws call for annual meetings of the Board of Directors. Financial constraints have made that impossible, so in practice Association business is conducted by mail and through telephone contacts. General meetings are held whenever an ACTION sponsored national training conference is held. Regional membership meetings are scheduled to coincide with regional OAVP training conferences.

SUCCESS AREAS OF INVOLVEMENT

Since its inception the NASCPD has had significant impact on the operation and development of the Senior Companion Programs nation-wide.

1. The NASCPD was instrumental in preserving the current level of funding for SCP when cuts were proposed.
2. The NASCPD was successful in bringing about changes in the ACTION re-authorization legislation that will enhance the direction of the Senior Companion Program and the operation of the ACTION agency.
3. The NASCPD played a major role in securing stipend increases for volunteers, and significant general program increases.

SCP/HE COMPONENTS, FISCAL YEAR 1985

Region	City and State	Annual level	
		VSY's	Amount
II	Niagara Falls, NY	12	$33,000
IV	Goldsboro, NC	12	37,961
	Tallahassee, FL	12	36,312
	Miami, FL	12	39,780
V	Chicago, IL	10	33,000
	Escanaba, MI	12	38,544
	Minneapolis, MN	15	44,595
	Indianapolis, IN	12	39,600
VI	Opelousas, LA	10	28,630
	Rolla, MO	10	29,650
	Hays, KS	10	30,771
VIII	Ogden, UT	10	33,000
	Sioux Falls, SD	10	33,000
	Helena, MT	10	33,000
	Denver, CO	12	39,600
IX	Fresno, CA	10	31,231
X	Anchorage, AK	10	30,990
	17 components	189	592,664

SCP/HE NEW PROJECTS, FISCAL YEAR 1985

Region	City and State	Annual level		Fiscal year 1985 level	
		VSY's	Amount	VSY's	Amount
I	Northampton, MA	45	$148,500	40	$132,000
	Waterbury, CT	40	132,000	34	115,235
II	Syracuse, NY	60	198,000	45	175,626

SCP/HE NEW PROJECTS, FISCAL YEAR 1985—Continued

Region	City and State	Annual level		Fiscal year 1985 level	
		VSY's	Amount	VSY's	Amount
	Ponce, PR	30	99,000	24	87,813
III	Baltimore, MD	60	198,000	53	175,600
IV	Memphis, TN	60	198,000	53	175,700
	Asheville, NC	59	185,000	50	164,200
	Tampa, FL	30	99,000	25	87,800
V	Detroit, MI	60	199,315	54	176,792
	Alpena, MI	40	132,000	32	117,084
VI	El Paso, TX	65	196,900	58	174,650
	Wichita, KS	30	99,000	27	87,813
	Russelville, AR	30	100,000	27	88,700
	Houston, TX	40	132,000	35	117,084
VIII	Salt Lake City, UT	60	198,000	46	175,627
	Missoula, MT	21	66,000	18	58,542
IX	Flagstaff, AZ	42	132,000	35	117,084
	San Jose, CA	30	99,000	27	87,813
X	Seattle, WA	45	148,500	40	131,720
	19 projects	847	2,760,215	723	2,446,883

Mr. KILDEE. In your statement each one of you mentioned problems in connection with the level of funding. It seems clear now that Federal funds will be static or even worse for at least 2 years. I say worse under Gramm-Rudman. That is something that hovers over everything. As a matter of fact, under Gramm-Rudman, reading what Cap Weinberger said the other day, he said, as Commander in Chief the President, of course, would protect defense, which means that some of your people aren't going to be protected, right? Because what it means by that is that Gramm-Rudman will take money from your program, from your volunteers and those who are helped in order to protect General Dynamics.

Mr. SUGARMAN. I think we are aware of that.

Ms. DOCTOR. Absolutely.

Mr. KILDEE. Really, you know, it is scary because level funding alone has created problems for you. And if you have level funding and then the specter of having funds cut within your operational fiscal year, that could be devastating for those who administer the program here in Washington. As the gentleman mentioned who was with Ms. Alvarado, they would have to be very conservative in their spending in the first part of the year in case they got a cut.

It would be hard to gear up for a program if they were holding back money in the first part of the year, would it not, for fear that money would be taken in the last part of the year? That could be very devastating.

And then when you recognize that Cap says that the President is Commander in Chief, well, you know the President is more than Commander in Chief—he is President of Mrs. Murphy, too. Right?

Ms. AUSTIN-CHERIN. That is right.

Mr. KILDEE. Poor old Mrs. Murphy out there. And our President doesn't wear a uniform, you know. He is President of all the people and not just Cap Weinberger's President.

I really think that Gramm-Rudman could be a—not only the dollars it would take away from your program, but the uncertainty

from the very beginning of each year as to what you would be having to spend.

Ms. DOCTOR. And that would greatly affect our ability to initiate new efforts for expanded funding in the private sector. If potential contributors are not comfortable with the potential of us being able to continue our level of operation, they are not going to be too excited about throwing money into what they might see as a sinking ship.

Mr. KILDEE. That is a good point. If the Federal dollars are uncertain, then your ability to raise dollars on the local level, is also put in somewhat of a jeopardy. Right?

Ms. DOCTOR. Right.

Mr. KILDEE. Is that pretty well true of all of you?

Mr. SUGARMAN. Absolutely.

Ms. AUSTIN-CHERIN. Yes, certainly.

Ms. DOCTOR. We wish very strongly that there would be some consideration for our programs as poverty-level programs, both Senior Companion and Foster Grandparent Programs, because you know that the volunteers must meet income-eligibility guidelines. So if our programs could be exempted in any manner because of that prohibition, that would help us a great deal.

Mr. KILDEE. A few years ago it was popular to use the term "safety net." We discovered that the safety net had, you know, holes you could drive a Mack truck through.

Mr. SUGARMAN. We don't hear that term anymore.

Mr. KILDEE. No, you don't even hear that anymore. But it would seem that we need some type of safety in Gramm-Rudman. As I say, it is not only the dollars you will be losing, but the very uncertainty from the very beginning. And then the other factor you mentioned, the lessened ability to raise money on the local level, then, would also be jeopardized.

Well, I am not going to follow the President's deadline, I will tell you that. I don't believe in intimidation. He has told us that we are really fooling around, we had better do something by Friday or else. I think I will take the "or else."

Would you be forced into, perhaps, having shorter workweeks for your volunteers? Would that be one option you might be forced to take if the funds were cut or if you had lessened your ability to raise money at the local level? How would you respond to that?

Mr. SUGARMAN. In RSVP that wouldn't be the option because people are not receiving a stipend. But what we would be forced to face is cuts either with administrative costs or volunteer support expenses. We are already keeping administrative costs down as low as possible. We have tried to maintain volunteer support expenses; that is, transportation, insurance costs, and the like. Very likely we would have to start making major cuts in these areas.

Mr. KILDEE. How about in the other programs?

Ms. AUSTIN-CHERIN. In the Foster Grandparent Program I think a shorter workweek certainly would be one option or fewer volunteers per program, too, because the consistent, ongoing relationship is so important to keep in place on a 20-hour-a-week kind of a model if at all possible. But certainly a sacrifice would have to be made one place or the other.

Mr. KILDEE. And a shorter workweek, then, would negatively affect both the volunteer and the person that is being helped?

Ms. AUSTIN-CHERIN. Part of your programming would be severely affected, yes, certainly.

Ms. DOCTOR. I think that would be a major concern with the Senior Companion Program because of the type of programming that we are doing these days. And as we have already spoken to, especially with DRG's, we are serving sicker people with greater needs than we ever used to. And if we were to cut the workweek, that just necessarily means that the clients would be receiving less support, and it may be that we would then be at a level that the impact of the program simply would not be providing them the support necessary to keep them from a nursing home or whatever option could be developed for them. Nursing home entry is so limited anymore that that isn't even an option for many of our clients.

Mr. KILDEE. You know, I was at a function last night here in Washington where everyone was in black tie, including myself, eating delicious food and saying how we just had to pass Gramm-Rudman, cut these programs. You know, they won't be affected, of course.

Mr. SUGARMAN. Well, I think all of us would be affected very severely. I think we would feel—there would be ripples for years to come and it would not just be the next year. I think we would continue to face it. And I think we would be reshaping these programs dramatically. I don't think there would be any choice about that; we would have to reshape them dramatically.

Ms. DOCTOR. Gramm-Rudman coupled with what we are already seeing in the reduction of revenue sharing funds is very scary. In my own area I have been directed already to plan on cutting requests for my local matching funds to several of my counties by at least 15 percent next year.

Mr. SUGARMAN. For our programs, it comes at a particularly interesting time in the history of this country when more and more the percentage of older people is increasing dramatically year by year. And to be able to provide opportunities for this population to keep them well and healthy, which is what these programs do, it would be a critical loss for older people in this country. I mean these programs could triple or double in size easily.

Mr. KILDEE. So you have the level of funding here and you have the number who need service going up, and this is already a problem. Then if you have Gramm-Rudman taking the funding even below level funding, you are going to really have a gap that it is going to be hard to——

Mr. SUGARMAN. Absolutely. Client populations are increasing. We are facing more and more homeless populations, more and more frail elderly people. As people are living longer there are going to be older people who are more frail. We are going to have more and more issues. I mean people keep talking about the drug abuse issue and missing children and things of this sort, and there are going to be more issues that we are going to be confronted with to try and reach out to, try to serve, and there are going to be fewer dollars to reach out to those senior volunteers to address those issues.

Mr. KILDEE. Maybe Gramm and Rudman have been listening too much to Governor Lamm of Colorado. Right?

Ms. DOCTOR. Possibly.

Mr. SUGARMAN. I think we should meet Gramm or Rudman. I think that perhaps if there was a mother in the picture, she could talk to her son and say how important it is to support the needs of older people.

Mr. KILDEE. I won't touch that one.

No; you know, really. Not only is the number of elderly people growing in number, but with the DRG's, this is the left hand of Government saying get them out faster so we can save money here, and then the programs that might be able to take up some of that slack being put in jeopardy because of either level funding, which we have had here, and now the specter of Gramm-Rudman.

Mr. SUGARMAN. This affected one of our volunteers. It is interesting. One of our volunteers recently fell, had a serious hip injury. It is a woman who works twice a week as a volunteer, is in her mid-seventies. Very devoted volunteer. Very, very devoted. She went to the hospital. She was an outpatient. They would never admit her. If they would have admitted her, she would have been eligible to go into a nursing home. She was not eligible. She is now in her home bed with nursing home care around the clock, 24 hours, for the next 3 months.

Mr. KILDEE. The left hand does not know what the right hand is doing.

Well, I will get back to some of the questions I have prepared here. But I think we have a major problem ahead for some of these programs here because we don't seem to have the advocates for some of these programs that we have had, or the successful advocates that we have, with Cap Weinberger. Weinberger really is successful in saying protect, these programs. And we need that.

I sure hope and I will encourage her—Ms. Alvarado—to be the same type of advocate. She is new on the job, and I am going to encourage her to be as effective, and I think she wants to be, as Cap Weinberger. But we are going to have to give her all the support we can and all the data we can, and make sure that these programs are as protected as well as other programs in the Government.

Mr. SUGARMAN. We are working also with association members to get them to move on speaking with their Members of Congress regarding Gramm-Rudman, and hopefully that will have some impact as well.

Mr. KILDEE. Well, you better talk fast because——

Mr. SUGARMAN. Yes.

Mr. KILDEE. I mean last night I got worried. I was talking to some people whom I expected much more from, and they were speaking, as my dad would say, they were talking funny. Well, I will get back to my other questions.

Are there major differences in the problems faced by urban and rural projects? Now, in Muskegon, you are urban. Are there any rural projects around Muskegon? Are there different problems?

Ms. AUSTIN-CHERIN. Yes. As a matter of fact, I have a rural component that was recently added to my program, with private dollars I might add, and we are very proud of it. We have annexed

Newaygo County, which is one of the most rural counties, in Michigan. And I found in developing programming in that area that the problems were very, very different from what I was used to in an urban area. Transportation is just an abominable task, to try to work out transportation when volunteers live 40 and 45 miles from the children that they may serve. Even reaching the people to recruit them in the first place takes a much more intensive effort. It is more difficult to develop stations which are usually of a different type than are found in urban areas. Supervision, again as I mentioned in my testimony, supervision can be one of the strong backbones, or at least a vertebra of the backbone of the program, and that is very, very difficult in a rural setting, as opposed to an urban one.

Mr. SUGARMAN. I think one of the reasons why this question is particularly important is that we would want the ACTION Agency to begin to take more note of this; that there are some serious differences. That ACTION will treat us as one program and the like and say we want you to go out and develop computer technology; of course, not giving us the resources to do such. But we want you to go develop computer technology to move your programs ahead. And yet, in a rural area the resources, the local private sector resources are very, very limited to develop these kinds of supports. And this holds true across the board in many other areas, as well as transportation and the like.

Ms. DOCTOR. Within the Senior Companion Program with our emphasis being on in-home care, so very often we find that the needs of the clients in the rural settings is much more extreme than the client in the more urban area, simply because the services that are right there in the city are not available for the client and the client cannot get transportation to get them into those services as easily.

Mr. KILDEE. Does it make it difficult to decide to serve a rural area when you know that the transportation costs are going to be higher when your funds are limited?

Ms. AUSTIN-CHERIN. Yes, it certainly does. But we have to recognize that the same needs exist among the people who live in those areas and that we have a commitment to serve them as well.

Mr. KILDEE. But it does put a burden on your fiscal situation?

Ms. AUSTIN-CHERIN. A tremendous burden, yes. It takes quite a moral commitment to do so.

Mr. KILDEE. Well, what can Congress do? Can you think of anything other than raising the authorization level and then the appropriation level, because authorizations only give you good wishes, right, then you have to get the Appropriations Committee to give you the actual help? Other than raising the authorization level and appropriation level are there other things that we could do in the legislation to help you with the transportation problem?

If you can't think of anything right now, maybe there isn't. I can't think of any.

Mr. SUGARMAN. I think on a national level promoting much more coordination. I think that there are services out there, but everyone is grappling for them and I don't think people see the need to bring volunteer services to the home or to the institution as a high priority, and yet we recognize what kind of a priority it does

have because of the value of the service. I think promoting more coordination might be one area. I am sure that there are other areas as well.

Ms. DOCTOR. Under coordination, I would like to point out that in some areas under the Medicare Waiver Program the Senior Companion Program services can be covered under Medicare if it can be shown that the senior companion support can be provided at a lesser cost than the other alternatives. That example should be looked at in all programs that are providing support to the elderly in-home.

Another concern, and this could possibly be looked at, is relative to transportation. In the agency that sponsors my program, a Community Action Agency, we have a transportation system and we are extremely dependent upon that system for getting at least half of our volunteers to and from their assignments each day. Right now we are in the process of trying to extend our liability insurance for the vehicles in that system, and we have been given a billing rate for the next year that is going to be something like a 300-percent increase over the past year. Now that necessarily is going to impact on my program, as well as the other programs the transit system serves.

Also in our agency we operate a 16-county Head Start Program, and they are also facing this problem of liability insurance for the vehicles that they utilize in transporting the children. I know that within the Head Start organization there are some efforts being made toward finding some sort of national coverage that could be made available. And if the same type thing could be provided to sponsoring organizations for programs like ours, that could be very helpful.

Mr. KILDEE. The bigger the pool, the cheaper the premium would be if you could pool it.

Ms. DOCTOR. We are being told right now not to worry about how much it cost us this year, just to hope that we can get it next year.

Mr. KILDEE. Let me ask you this question. Revenue sharing is slated to die after one more year. How will the loss of revenue sharing dollars affect the program, say, in Muskegon, and Owensboro, and New York, or other places?

Ms. AUSTIN-CHERIN. As any kind of budget cut would affect us, certainly revenue sharing will have devastating effects. Nancy mentioned a 15-percent decrease is what she is expecting. In Muskegon, we don't happen to receive revenue sharing moneys right now, but among those programs that do——

Mr. SUGARMAN. Our national associations are going to be doing a national survey to see how revenue sharing is going to affect our programs. I just spoke recently to the Atlanta, GA, project, and it is going to be 30 percent of their budget will be cut as a result of revenue sharing, and that is not unusual.

Mr. KILDEE. In Muskegon, do you receive any local tax dollars?

Ms. AUSTIN-CHERIN. Yes, but not through the county through revenue sharing. It is through private sources and through the public schools.

Mr. KILDEE. But not through the county government or city government?

Ms. AUSTIN-CHERIN. Not through the county government, no.

Mr. KILDEE. Because I was going to say if you were receiving any local tax dollars it might not be directly revenue sharing. If that unit of the government lost revenue sharing dollars, they would be less in a position to help you out with the regular tax dollars then, too.

In summary, next year we will be reauthorizing. This is kind of ad limine to that process. What suggestion would you make in summary for reauthorization next year of these programs?

Ms. AUSTIN-CHERIN. For Foster Grandparents really few changes at all other than as I mentioned earlier. You know our real wish would be for an increase in that ceiling, even though that looks as if it is something that would be most difficult to even consider at this time.

Mr. KILDEE. Anyone else?

Ms. AUSTIN-CHERIN. The other thing all three of us mentioned would be the consideration of the position of the Director of Older American Volunteer Programs to be upgraded to that of Presidential appointee. We would very much like to see that occur.

Mr. KILDEE. All right.

Ms. DOCTOR. For the Senior Companion Program, we really have no major recommendations for our authorization, and we are so far below our funding ceiling right now that there is no need to address it.

Mr. KILDEE. To raise it. OK.

Mr. SUGARMAN. For RSVP the same holds true as the Foster Grandparent Program. Whatever we could do, however, and I don't know that this deals directly by any means with the reauthorization, but for whatever we could do to make this national secret a national priority would be wonderful. To a great extent that is one of our major problems that we face, Mr. Chairman, and that is the fact that these programs are relatively unknown. This country does not know about probably one of its greatest resources, which is older Americans, and does not know about RSVP, FGP, SCP. And whatever we could do to build the image of this program would only help us in terms of addressing private sector resources.

When I walk into the door, or any of us walk into the door of a business or an industry or a corporation and the door has been opened before we entered by the fact that our programs are known, that would help us a great deal. And at this moment, these programs are really a secret to a great extent. They are large programs. They should be even larger. And they could be even larger were we better known.

Mr. KILDEE. The radio and TV stations generally get involved in public service announcements. Has anything been done to utilize that? Or can we do something to encourage them to do that?

Mr. SUGARMAN. ACTION in the last year has developed for RSVP a segment, a very good segment, a Bob Newhart segment that can be shown on your local television stations. However, I think all of us are aware of the fact that many of these public service announcements go on at 3 or 4 in the morning and don't get the visibility or the recognition that they want. And I believe that national legislation was passed in the last few years about public service announcements, that there not be—there doesn't have to be the percentage that it used to be or something of this sort. I am not

exactly sure what it is, but I recall hearing something, that there isn't the pressure on in that direction anymore.

Ms. DOCTOR. A great deal of public service announcement and other PR activity is done by the projects themselves within their communities. But that does not convey the sense to the people in the private sector who have the potential for large-scale involvement in our programs that we are anything more than just a nice thing happening in their community. We really need to convey the sense that this is a national effort.

Mr. KILDEE. I really appreciate all of your testimony this morning. I appreciate your comments on the possible effects of the specter of Gramm-Rudman would have on your programs. I would strongly suggest to you that you let your membership know of the danger of your programs not only having dollars cut, but even if they aren't cut, the uncertainty that automatically will hover over all these programs if Gramm-Rudman as written now goes into effect. You know, we had Gramm-Latta in 1981. Now, we have Gramm-Rudman in 1985. And we know what the effects of Gramm-Latta were on domestic programs. So you do your homework and I will do my work down here.

You have really been very, very helpful, and we will be calling upon you, too, for further input into the process. Thank you.

Mr. KILDEE. Our next panel consists of Mrs. Jeanne Graham, director of the Niagara County Senior Companion Program, Niagara Falls, NY, and Mrs. Inez Hedemann, director, Social Service Department, Mount St. Mary's Hospital, Lewiston, NY.

Good morning. I have heard some good things about your program and what you are doing up there, but I don't have any details, so I am very anxious to get your testimony this morning.

STATEMENTS OF JEANNE GRAHAM, DIRECTOR, SENIOR COMPANION PROGRAM, NIAGARA COUNTY, NIAGARA FALLS, NY; INEZ S. HEDEMANN, DIRECTOR, SOCIAL WORK DEPARTMENT, MOUNT ST. MARY'S HOSPITAL OF NIAGARA FALLS, LEWISTON, NY; A PANEL

Mrs. GRAHAM. It is a great pleasure to be here and bring firsthand some of the little miracles that we think we see in Niagara County every day. I am Jeanne Graham, and I direct the Senior Companion Program. And with me is Inez Hedemann, who is the social work director for Mount St. Mary's, which is one of five hospitals which we are serving as acute care stations.

I would like to tell you a little bit about our program overall, and then we have been asked to share with you more of the acute care service which we provide. And Mrs. Hedemann will particularly speak to the problems she sees coming with the DRG regulations.

We began our funding in Niagara County with a small grant from the Office of Aging through Community Services. That was in 1980. We were funded for 15 senior companion volunteers. In 1981, we wrote a successful proposal for the new emphasis areas which ACTION was addressing, service to homebound elderly, and since then we have been 100 percent in service to the homebound elderly with components that serve both acute care, mental health, hospice

to the terminally ill, substance abuse. I think just about all of the emphasis areas are being addressed.

We have seen a great acceptance of the Senior Companion Program as a viable asset in serving the person that has been hospitalized and needs to go home to not adequate support. Either they have no one, no relative, no close friend, neighbors really can't be depended upon, and sometimes in an isolated situation even the neighbors are not available to provide this kind of service.

And sometimes it is an elderly spouse. We have sometimes people in their eighties, and they have managed to hang in together until one of them breaks a hip or has a cardiovascular accident. Then the care and the support of that person after such a short hospitalization is traumatic. Many times we have to be responsible for preventing both of them being institutionalized. Because even though only one of those has been hospitalized, the impact on this family unit is such that neither one can maintain their independence without both of them functioning. And this has been in our experience. I have many instances where that has happened.

I really wanted to keep our testimony very short and sweet. I have some real experiences I would like to share with you I think you would like to hear about.

[The prepared statement of Jeanne Graham follows:]

PREPARED STATEMENT OF JEANNE GRAHAM, DIRECTOR, SENIOR COMPANION PROGRAM, NIAGARA COUNTY, NY

TESTIMONY

Congressman Kildee, Members of the Committee. Thank you for your invitation to testify at this hearing. We welcome the opportunity to share some of the "small miracles" our Senior Companion Volunteers are accomplishing daily in their assignments with clients discharged from acute care hospitals.

The Niagara Senior Companion Program began in September 1980 with a New York State Office for Aging grant via Niagara County Community Services funding. Our main objective was to serve frail homebound elderly persons in individual home settings. When we were funded by ACTION in September 1981, our objectives were to concentrate on the new emphasis areas, which included acute care hospitals, hospice and long term care for mental health, substance abuse and protective services for adults.

The program has been widely accepted by hospitals and other agencies in Niagara County as a viable asset in their efforts to allow older clients to return to, and remain in their own homes. Assignments of Senior Companions have shortened the length of in-hospital care for hundreds of older persons every year since its inception in 1980.

In addition to the obvious value of the program to the home-bound elderly of the community, the Senior Companions themselves attest to the rewards they reap from their client assignments and other program activities. They derive a sense of worth and purpose which seems to enable them to better cope with their own aging and individual problems, while the stipend and other benefits help to maintain their own independence. They are recruited from many different backgrounds and their ages range into the upper eighties.

Discharge planning units are currently under great pressures because of increasingly restrictive regulations which limit certified patient length of stay (LOS) days. The DRG (diagnostic related groupings) which will be mandatory in NYS in January 1986 is even more restrictive. In essence the DRG regs. will allocate a dollar cost figure for total in-hospital care for each patient, based on the admitting diagnosis. This will drastically reduce the certified LOS days for all patients. The hospital will have to absorb any costs which cannot be paid by Medicare, Medicaid, private insurance or the patient's own resources.

This is already creating a crisis situation for the older person of limited means, who has no one at home to assist with post hospital care. Even with an elderly

spouse or middle age working relative in the vicinity, the family often needs help to care for the discharged patient at home for at least 4 to 12 weeks.

Part of the orientation for our new acute care volunteers includes some time actually serving on the floors from which most SCP clients are discharged. This provides station staff and companions time to get acquainted and allows for more successful matching of volunteer with client prior to discharge.

A monthly monitoring meeting is held at each acute care hospital volunteer station. Companions bring their client progress notes and discuss them with the station supervisor and program field supervisor. This review of each assignment determines when it is time to terminate the case or re-assign the companion, as well as charting the client's progress. Our acute care component currently has 63 Senior Companions assigned to 5 acute care hospitals in Niagara County. Two are urban centered, one surburban and two are rural.

Niagara County Senior Companion Program has recently has been awarded one of the three year demonstration components. Mt. St. Mary's Hospital and Niagara County Public Health Dept. have been designated as volunteer stations, and are committed to meeting ACTION'S criteria for the demo's and cooperating fully with the special monitoring and evaluation requirements.

CASE HISTORY SAMPLINGS

Client: John & Dorothy Biba.
Senior companion: Esther Burnham.
Referral station: Mt. St. Mary's Hospital.

John was the primary carer for his wife Dorothy who had suffered a CVA several years earlier. Dorothy's stroke had left her with right side weakness, great difficulty walking, unable to shop or prepare meals. When John himself suffered a stroke, Senior Companion Esther Burnham was assigned to allow Dorothy to stay in her home. Esther provided friendship and invaluable assistance with daily activities for Dorothy, including regular visits to husband John recuperating in a nursing home. After some months of therapy for John, Esther's support of this valiant couple made it possible for John to leave the nursing home. She now assists both husband and wife and can be credited with preventing their permanent institutionalization.

Client: Mary and Fred Mead.
Senior companion: Eleanor Ostrozinski.
Referral station: Degraff Memorial Hospital.

Mary and Fred were in their 80's when Fred suffered a stroke. Mary also had a serious heart condition with emphysema. The Companion made it possible for Fred to return home when discharged. The Companion supported Mary during ensuing death of her husband and relocation to Senior Citizen housing center. Mary has required hospitalization for cataract surgery and her other illnesses. Because there are no family members the acute care social worker at Degraff felt the Companion should continue to serve Mary. The Companion has arranged for a hearing aid, new glasses and other services including applications for Medicaid. Senior Companion support has prevented institutionalization for both Mary and Fred.

Client: Jack Syposs.
Senior companion: Allen Gademsky.
Referral station: Degraff Memorial Hospital.

Jack is suffering from Alzheimers with all its problems and frustrations. He is cared for at home by his wife Alice who must maintain her job outside the home.

The Senior Companion provides the respite Alice needs by diluting Jack's total dependence on her. Allen, the Companion, has a patient understanding of the situation. He supports and encourages Jack in all areas and this assignment is making it possible for Alice to continue to care for Jack at home.

Client: Klea Wyman.
Senior companion: Margaret Ormond.
Referral station: Newfane Inter-Community Hospital.

85 year old Klea has severe heart problems accompanied by acute anxiety. Living alone with no significant others in her life her illness was causing numerous hospitalizations. The assignment of a Senior Companion has reduced client's usage of hospital as her support system and kept her out of nursing home for past two years.

Client: Rita Depew.
Senior companion: Rachel Hess.
Referral station: Mt. St. Mary's Hospital.

Rita is an 83 year old person who has suffered with a CVA—left side paralyzed. Her memory is impaired and she is a diabetic, who requires insulin and diet. Her

husband who is elderly also, does most everything. The Senior Companion allows the husband respite which increases his ability to care for her at home longer.

Client: John and Elizabeth Jorgensen.

Senior companion: Paul Bradley.

Referral station: Degraff Memorial Hospital.

John was hospitalized 25 days with orthopedic problems. His wife Elizabeth is mentally incapacitated—so it became necessary to move into daughter's home during John's hospitalization. When he was discharged the care of both parents fell to the daughter—who was already seeing a counsellor for mental health problems.

The Senior Companion provides the respite which is essential for the daughter to maintain the couple at home. The alternative would be nursing home placement for both.

Client: Arthur Barber.

Senior companion: Patricia Richardson.

Referral station: Mt. St. Mary's Hospital.

Mr. Barber is 82 years of age. He is a cardiac patient and has a blood disorder which causes him to become lightheaded and fall. He lives alone with no relatives at all. In addition to the latter, Mr. Barber has limited vision as the result of having his cataract removed.

His Senior Companion helps to maintain him at home for he is unable to manage homemaking chores. She assists with meals and ambulation. Finally she provides the companionship and socializing that he needs. They have developed a meaningful relationship and the Senior Companion has become a significant other.

Client: Mary Trincinati.

Senior companion: Evelyn Ligammari.

Referral station: Memorial Hospital.

Mary is 90 years of age. Her husband recently died (2 weeks ago). She is a CVA patient and uses a wheelchair. Her only daughter who has physical problems herself, (i.e. high blood pressure, and is hyperactive) feels locked in to this situation. She is self-supporting for she is a widow and therefore works daily. Without her Senior Companion she would not be able to have a respite period. She fees comfortable leaving her mother with the Senior Companion. Together they read stores and sing songs in Italian.

Client: Augusta Mosure.

Senior companion: Victoria Kaminski.

Referral station: Lockport Memorial Hospital.

Eighty-four year old Augusta was hospitalized for treatment of her diabetes and mental confusion. Senior Companion was assigned upon discharge to monitor medication and prepare meals, providing support which facilitated earlier discharge from hospital.

Client's condition improved sufficiently after 6 weeks to close case and recycle Senior Companion.

Mrs. HEDEMANN. Why don't I present the hospital part and then maybe you could do some of the cases?

Mrs. GRAHAM. Go ahead.

Mr. KILDEE. Sure.

Mrs. HEDEMANN. Thank you for inviting us to share with you our experiences with the senior companions in a hospital-based program. I have submitted written testimony, and would request that it be entered into the permanent records.

Mr. KILDEE. Without objection.

Mrs. HEDEMANN. Otherwise I will speak to you spontaneously.

My first regret is that your relative wasn't with us because we would have seen to it that she was linked with a senior companion early in her hospitalization. We look for and search out those who are without family and without significant others, the ones who either the physician tells us or the nursing staff refers to us as people without visitors.

We assign the senior companion as early as possible to come to the hospital for 4 hours a day, 5 days a week. She is assigned specifically to the patient, so that a 1-to-1, meaningful relationship among peers can be established. We all know that toddlers need

toddlers, and we certainly know the influence of peers on teenagers. But have we really thought about what a peer can do, an elderly person can do for another? They are understanding in a different way what it means physically and psychologically to age. They also understand to be 85 and to have children who are 65. They understand being dehumanized in a hospital. They understand feeling a loss of control in their lives, very much afraid of the next step after hospital, very much afraid that this is a place you go to die alone. And so a senior companion, who I myself scoffed at, as not having credentials, and where did she fit, and she could hardly walk herself, how can she manage to help someone else, really tongue-in-cheek accepted senior companions in the hospital setting 5 years ago. And they have been an absolute delight, not only to the social workers, to the nursing staff, to the physicians who prefer them, but to the patients. Most important, to the patients.

Many times we find ourselves in the position of patients vying for senior companions because we try to keep them for the ones who are alone and who are on limited means. If the patient is wealthy, he can hire whoever he needs. If he is very poor, then Medicaid is going to take care of his needs. And so we look for the one in the middle who is alone. The other patients are jealous; they want someone to come to them.

Now what kind of things does the senior companion do? They care, first of all. And they consistently care. they are there every day. They are very patient. They are very kind. They are very reassuring. They prepare the food. They do the kind of chores a nurse doesn't have time to do but which are important in a hospital. They prepare the food. They encourage them to eat. They care about their grooming, whether their hair is combed and whether they look neat. They walk them when that is possible. They write letters for them. They pay their bills. They make the necessary arrangements at home for the elderly to return home, that things be in order. And they give a whole lot of reassurance that this is a temporary crisis, that they are going to be with them when they go home. And they become a very important link to the community.

Now, they are working very closely with social work staff and have been until the present time. They are absolutely the bright spots in our lives. Because we deal as social workers with all kinds of abuse—child abuse, adult abuse, geriatric abuse, alcohol abuse, drug abuse—we see the really sordid side of life. But the senior companions are like, really, the ray of sunshine. They come, they are so caring, they are so honest, they are so dependable, they are so responsible, they are so patient, they are not motivated by money. They genuinely look for a purpose in their lives. Because their own children are grown and don't need them, and so they look for a purpose in their lives. And us assigning them to the patient is that purpose. Now that covers pretty much what they do in the hospital.

In the home they do more of physically related tasks. They do light housekeeping. They do meal preparation. They remind the patient to take their medicines on time, although they don't give the medicines. They take them shopping. They take them to the doctor's appointment. They can help with bathing; not a complete bed

bath, but maybe help with the back or something like that. They are very much interested in socializing with them, of being like family for them.

They come back to us once a month and discuss with the social workers the progress of what is happening in the home. We help them from the very beginning to think about the day that comes that they will terminate because that is always extremely difficult. When we place a senior companion, they never want to leave. We have to really plead the cause of someone who needs them more for them to let loose of it because they will begin to cry and say, "Oh, but she waits for me," "She looks for me," and "Oh, I just can't disappoint her," when actually maybe the patient has become well enough to be independent.

So they come once a month, they talk with us. We help, social workers help them to know the resources that are available in the community. For example, if they say, "Well, the lady has been asking for a clergyman but I don't know what to do about that," and "Is that my job, or should the family do that?" So we talk about those kind of issues, of what the patient needs or even issues or problems with the physician or problems with family. Now, we advise them what is appropriate for them to handle and what is not.

We sometimes intervene, again ourselves, because we do know the patients. All the patients being discharged from the hospital are known to the social work staff, and so we have, too, a continuity of knowing with the senior companion the patient, the family and what is happening.

Now, the advent of DRG's is going to be extremely painful for the senior companion—for the elderly—excuse me. The problem is that the elderly go along very stable with medicines and treatments and caring for themselves. But when any kind of illness intervenes they dip down quickly and they become seriously ill very suddenly, and it takes them a long time to come back up to where they are stable again. We can't give them that time anymore, so we want to assign a senior companion, or somebody, a significant other, as soon as we can to help that person to face they are not going to be staying in the hospital a long time, that there are services that are going to be provided for them when they are ready to leave, and to be sure that the patient has some confidence about the next step. That is a very important thing because the elderly become frightened, apprehensive.

We recently had a woman who was managing very well. She canned two bushels of tomatoes a week before she had her accident. She went out to the mailbox, tripped on the sidewalk, hit head first and lost the vision in one eye. She lost the eye. She was extremely shaken because she had been so independent and so able to manage everything herself.

In the hospital I found her very depressed and very overwhelmed by her situation. She did not want to live with family, nor did she want them with her. She wanted to go back to her independence. The doctor felt, when I talked to him, that she would adapt to her own surroundings but she would need somebody there to help her adapt. And so we had a senior companion come to the hospital and begin with her while she was a patient, and they became very, very

good friends, and she was able to give her the reassurance that when you go home I am going to be there and I am going to help you with this adjustment. I am going to teach you, if you need help with learning where this is and where that is. So when she went home, she went home in much better spirits than she had been as a patient because she had someone with her to help her make the transition to independent living. That is what she wanted, and I think that is what she will achieve.

So the DRG's are going to be difficult. The senior companion can help us discover problems, and I also see a very important thing in preventing readmissions to the hospital. Because if a patient is alone and focuses on the gravity of their situation, of their medical problems, of their social isolation, then they are not going to get better. They are going to turn inward and the illness is going to take over. It is very important when they go home that they have the supports that they need, whether that be a senior companion or home care planning or a combination of things. But that prevents a patient from coming back.

Now, the elderly patient who constantly turns to the hospital really does not have an adequate home care plan, and they are coming back for care that they should be able to receive in their own home, and so that is going to be the challenge. The challenge of the DRG is fewer dollars. We have to be innovative in making realistic plans for earlier discharges, as you said, sicker and quicker.

The advantages for the senior companion are tremendous. They form a group among themselves and they have a mutuality of the fact that they care about someone else. And in our monthly meetings they have gotten to know each other very well. They help each other. They share common goals.

If a physician in our hospital has the choice between a senior companion and a hired home health aide, he is going to take the senior companion. Absolutely. It is like mother and apple pie. In fact, she is mother. She is generally accepted and very much loved. When we have them in the hospital, which we always do, the nurses fight over the senior companions, because it is the patient who is going to get personalized care. They are going to get the incidental things that make them comfortable in a hospital, where they are not laying on the button, I need this, I need this, I need this. Not only is the patient better, the hospital is better.

Some of the remarks that have been made today are very discouraging words in terms of funding. We have a very serious national concern about the number of elderly that we are going to have with us, or that we are going to become. I think we have to look at that as a national resource. Is the cup half empty or is the cup half full, in terms of the elderly? The healthy, vital elderly need to be used for those who are illness prone. The illness prone are usually those who are socially isolated and without the supports they need to have or to maintain health status. A busy person is a happy person. And the ones who live alone and who deteriorate physically need someone like themselves to help them come to grips with that and to maintain independent living.

Now, I welcome your questions.

[The prepared statement of Inez Hedemann follows:]

PREPARED STATEMENT OF INEZ HEDEMANN, M.S.W., DIRECTOR, SOCIAL SERVICE DEPARTMENT, MOUNT ST. MARY'S HOSPTIAL OF NIAGARA FALLS, LEWISTON, NY

GENERAL OVERVIEW

During the next 50 years, the population of those age 65 years and over will double in the United States to a total of 55 million elderly people. The fastest growing group are those persons 85 and older. The development of better ways to provide health and social support to the elderly is emerging as a major national concern of the 1980's and beyond. This is especially true in Western New York where the proportion of elderly, now reaching 15%, approximates the ratio which will prevail in the country as a whole in another 15 years. The challenge is for the community to join in networking services to promote a common goal: to develop a health and social home care program to help older persons achieve and maintain the highest level of independent living. The availability and coordination of community services can mean the difference between independent living for the elderly or removal from the mainstream of life with placement in a health care facility.

CURRENT IN-HOSPITAL PROGRAM

Role of senior companion in hospital

Mount St. Mary's Hospital (is a 210-bed, acute care, suburban facility) which has participated as a volunteer station in an Action-Funded Senior Companion Program since November of 1980. Currently we are implementing a three-year demonstration project as a component to our hospital discharge planning. Methods have been developed to implement the integration of Senior Companions into our written care plans for discharged patients, beginning with the assignment of a companion to a thoughtfully prepared patient during hospitalization. A hospital volunteer representative has been selected to work closely with the assignment and supervision of Senior Companions; to monitor and evaluate the program at our facility; and to accept a commitment to the project for any special data collection required for reporting during the grant period.

The Senior Companion's hospital experience with the patient provides an opportunity for the development of a meaningful relationship. The Senior Companion is able to understand the patient's needs; and to observe the person's care requirements first hand. They may be assigned to hospitalized patients from several days to many weeks before discharge is possible. Longer in-patient assignments occur when additional complications arise in the treatment of the older patient with chronic health problems. Recovery from surgery or other intensive treatment is a particularly difficult problem for the frail elderly who may be without family supports or whose family consist of another aged partner unable to sustain the level of needed caring and assistance (respite).

The companions are able to provide consistent personal support which strengthens the patient and re-enforces linkage with family and friends. In a more practical way the Senior Companion eases the nursing service responsibility for non-professional but necessary bedside tasks. The Senior Companion also prepares the patient for return to the community by establishing patient confidence in the arrangements being made for home management. The primary role of the companion is to provide peer support by engaging in the following service roles within the hospital setting:

(1) Active listening: peer/stress counseling and support.

(2) Encourages reality orientation and increased awareness: improves communication skills.

(3) Arranges meetings with the patient's family/friends/clergy.

(4) Reads, writes letters and encourages correspondence with significant other persons.

(5) Performs appropriate personal care activities.

(6) Purchases personal items for the patient: enhances hospital comfortableness.

(7) Observe patient's reactions to home living conditions.

(8) Meets with hospital staff to: provide information on patient's overall functioning status; and to discuss potential problems related to discharge and/or post-hospital care.

(9) Assists in arranging for client's transfer to own home.

(10) Provide for home management chores, paying bills and other errands: necessary to prepare for the patient's arrival home.

Senior companion follows at home

The volunteer station is responsible for formulating an acute care discharge plan with the patient's and Senior Companion's involvement and agreement. The most important aspect is the continuation of the human caring and companionship that has been developed and initiated in the hospital. The home services provided by the Senior Companion are absolutely necessary as they concern the problems basic to life. They serve senior adults with physical and mental impairments for a total of 20 hours per week. They become part of a comprehensive care plan which helps homebound elderly persons achieve and maintain the highest possible level of independent living. The Senior Companion can provide the following activities as part of the patient's post discharge care plan: (a) socialization & recreation; (b) maintains nutrition; (c) personal hygiene; (d) escort service and doctor appointments; (e) shopping, bill paying; (f) simple physical therapy exercises; (g) monitoring medications; (h) speech stimulation; (i) light housekeeping; and (j) other tasks included in Letter of Agreement.

In addition, they act as advocate, linking their clients with other community social and health care agencies.

THE CHALLENGES OF THE DRG'S

The challenge—maintaining quality care, staff and patient morale and the viability of the hospital. As we move towards the transition to the DRG system, it becomes increasingly important to work together for cost containment and to minimize disruption to patients who will often be confused and frightened by the rapid changes in our health care system. Prospective pricing ushers in a new era of opportunities for positive change. Our enemy is the shrinking pool of resources available to us: fewer dollars. Our ally is innovation: practical alternatives providing for this reality. We propose that the role of the Senior Companion in the hospital setting can be innovative in the service it provides the patient and the hospital in these areas:

(1) To provide the patient with more acceptable, earlier intervention for discharge planning by utilizing the one-to-one relationship possible with the assignment of a Senior Companion soon after admission.

(2) To discover potential problems related to discharge.

(3) To reduce the need for the patient's continued hospital stay for social reasons.

(4) To provide motivation and social stimulation for the patient to recover and to strive for improved health goals.

(5) To encourage patients to recover at home with the help of a Senior Companion providing continuum of care, support and assistance to the patient and family.

(6) To avoid unnecessary or repeated re-admissions due to the patient's focus on the gravity of their medical status resulting from their social isolation, depression and need for companionship.

ADVANTAGES FOR THE SENIOR COMPANION

As low income volunteers, Senior Companions receive a modest, government-funded tax-free stipend. While in the hospital-based program, they receive an annual physical examination by a physician without expense. They also may have without charge, a nutritious, main meal while on assignment. They have an initial 40 hours of orientation, supplemented by monthly, inservice training.

However, the rewards of Senior Companion service involve many psychological issues. A basic reward is the service of peers helping each other to find meaning in their lives and to understand and support the changes (physical and psychological) naturally occurring with their aging. Older persons often find that friends play a dominant, even critical role in the quality of their existence. They literally find "someone of my own" who needs them. There also develops with time, a support group among the Senior Companions themselves; based on the mutuality of their caring for others in need, and on their caring for each other. They are much loved and appreciated by our patients, physicians, hospital staff and community. Many aspire to AGE like them, as they call upon the best in themselves to serve others in need.

Mr. KILDEE. Mrs. Graham, did you want to give some anecdotal material, too?

Mrs. GRAHAM. Well, I just wanted to share a few of the cases. I had mentioned to you the many instances we have of supporting a couple. One such couple both were 80 when the husband suffered a

stroke. His wife also had a serious heart condition and emphysema. When he was discharged the companion was assigned to help the wife assist the husband. Later on, while the companion was still in the home, the husband died. I think that not only would the man have had to go to a nursing home instead of going home without a companion, but his wife would just not have been able to stand up under his loss. She stayed with the wife and was able to get her an apartment in subsidized housing for the elderly. And though her service to her has been reduced, she still has maintained contact. So there would have been two people that would have been in the nursing home. And this is a very common thing. We see this almost every day in our cases.

We have many patients now who have Alzheimer's syndrome. It seems that as more and more need is to keep these people in their home because of costs, the frustration and problems that it presents to the families who are caring for this type of patient, they may be able to afford some home care but not sufficient to enable the primary care-giver to, perhaps, still keep their job because this patient could be in their late fifties and whether it is husband or wife the remaining spouse has to maintain an income. So that we oftentimes provide the respite and the sufficient support that keeps this patient at home until—sometimes until death, but many times until just the very last possible moment before they have to be institutionalized.

We had one particular patient who was in a very isolated rural area, and she did have some heart conditions, but her many, many hospitalizations were primarily because she was using the hospital and the medical facilities as her touch, her human contact, and they would see a recurring admission. Every few months she would be back in the hospital. After we assigned a companion to her the hospitalization periods ceased. She still had the illness that was bringing her to the doctor and causing her to be admitted, but the companion was able to provide her with enough support and reassurance to make sure that the medicine was taken properly, because old people get very confused and they don't mean to take their medicines inappropriately but it happens, and many times that will bring them back into the hospital. So this companion has definitely stopped this recurring hospitalization. And this is something we see very commonly in the program.

There is a great deal of examples, a great many examples in my testimony, and I would like it to be included in the records for today because I didn't plan to get up here and read it all. I also would welcome questions.

I would like to also mention that we do have one of the demonstration components that ACTION awarded this year. It began September 29. Mount St. Mary's has six volunteers assigned to them that will be meeting all the criteria which ACTION is expecting. And I think we have five already onboard—and how many do we have now, three, serving clients?

Mrs. HEDEMANN. Yes.

Mrs. GRAHAM. They are already assigned. And I am sure by the time we get back that the social work department at Inez's hospital will have the others.

The other part of our component is going to serve with the public health department. They have started a very interesting program which they term long-term home health care, and essentially is is going to be a nursing home without walls. They see, because of the DRG's and other regulations and other cuts in funding, a greater and greater need to provide more and more services to elderly sick people at home. So our companions there will be part of this home health team. There will be therapists, there will be nurses, going in and doing in the home many things that a person would have had to have been in a nursing home to receive.

I am excited about that. We have five of the six already recruited and their training is underway right now.

Mrs. HEDEMANN. We have in addition to that approximately 20 who are assigned to our hospital for regular, ongoing services. These six are part of a special demonstration.

Mr. KILDEE. I think the program is excellent. I would hope that we could replicate it elsewhere. Of course that will require that we are willing to spend some dollars on these programs, too. One thing I like about the program is that the person who is receiving the service actually meets the person who is going to be rendering the service before they are going out with that uncertainty there. They know there is going to be someone there. That alone, the fear of the unknown, can be a terrible fear. But to know that that person whom they have already met in the hospital will be also seeing them when they get back into their home, that I think is a very, very good thing.

Mrs. HEDEMANN. It is. The bond is already established.

Mr. KILDEE. How do you select the volunteers?

Mrs. GRAHAM. Well, we recruit constantly. We do speaking engagements. We have whatever media publicity we can get, radio, TV. We interview them. I interview every volunteer hired into my program. And we use the term "hired" because although they know they are volunteers, we keep reminding them they are volunteers, they are dedicated, as dedicated as would be a staff person.

We screen them not only for their eligibility for the program as far as age and income, but for the type of person. It has to be a very special person who has the caring attitude and the capability of going into a home and providing this service.

Surface, visual surface of meeting the person for the first time, unless you really interview them well, doesn't often indicate that they are going to be acceptable. I remember one lady so clearly. She was 88 years old when she applied for the program. She had a very bad clubbed foot which she had had from birth. She was a very diminutive person and she looked as if she wouldn't be able to do anything for anybody. She looked like she needed a companion. And yet, as you talked to her and as she talked about her life, she had done home nursing as kind of a vocation. Of course it provided her with a very little income and no pension because she was doing it privately. All of her references were just so wonderful that I had no hesitation in taking her into the program.

However, every time she met a new client, potential client, we had to sell her again. She had to sell herself, and she would. I mean she would go right over to the bed and start patting the hand and talking to them and telling them about how it was going to be

at home. Daisy was her name, and she was just a fantastic companion.

This is the way we basically have to screen our companions. Not every low-income person over 60 is capable of providing this homebound service.

Mr. KILDEE. How is the training and supervision handled for these volunteers?

Mrs. GRAHAM. We have a very formal, it is kind of a capsulized home care training which is provided by an RN trainer who teaches home health aides. We ask them and insist that they not try to provide nursing services. Sometimes we have retired LPN's who also have been practicing on their own with no pension, and they want to do more of the things that they were able to do when they were licensed. And we ask them not to do this, just to protect the program. We are not supposed to be displacing paid personnel.

We counsel them and train them on nutritional aspects of the elderly; special, diabetic-types of diets; cooking and shopping for one; many aspects of homemaking, which they may be experienced in their own life experience, but doing it for someone else is a little different. We have also a kind of a burnout preventive type of training that we have periodically. These are workshops which help them not to overserve. You know, they are so eager, they are so dedicated that they really kind of want to do everything, and then they find out after a few months that they cannot continue serving this person at this level. So we have actually put on workshops which support this, teach them the ways that they can prevent burnouts.

Mrs. HEDEMANN. The hospital provides—I forgot to mention—an annual physical exam done by our own physicians in the emergency room. It is basically a very good physical examination. We offer that to them free of charge. And also, one main nutritious midday meal during their work assignment at the hospital.

Mr. KILDEE. What is the average length of an assignment for one of the volunteers to a patient?

Mrs. HEDEMANN. It depends on the length of time the patient is in the hospital. But it can be from a few days to a few weeks. If the patient is having a very difficult course of medical treatment, it might go on for a few weeks.

Mr. KILDEE. How about after the patient then leaves the hospital?

Mrs. GRAHAM. Well, there again that very much varies with the need of the client. I would say probably from 12 weeks to, oh——

Mrs. HEDEMANN. Three months.

Mrs. GRAHAM. Yes, longer. I would say 3 months to—it could be longer—6 to 9 months, sometimes even a year. Most of our acute care discharges are not that long. But in the program overall, because many of our other clients such as an Alzheimer's client is not going to recover and not going to get better, and so usually we stay with that client until they either do reach the point where their institutionalization is absolutely necessary or their death. And of course, the terminally ill. Some of the mental health clients, some do very well and actually their situation is improved so much that they become companions. And then again there are

some that will always need a companion because they just need that stability in their lives.

Mrs. HEDEMANN. We also coordinate. Many times a senior companion will go to one client 3 days a week and 2 days to another, or 4 of 1 and 1 another. So many times one senior companion can serve two different situations.

Mr. KILDEE. How much time would they spend in the home when they visit the person?

Mrs. HEDEMANN. Four hours.

Mr. KILDEE. Four hours.

Mrs. HEDEMANN. Times 5 days.

Mr. KILDEE. OK, 4 hours.

Is there an income test for recipients of this service? Do you determine their income?

Mrs. HEDEMANN. The recipients or clients?

Mr. KILDEE. Yes, the clients.

Mrs. HEDEMANN. Yes. We begin, when we are doing home care, taking about what they can afford. If they can't afford it and they tell us why they can't, then we encourage them to consider Medicaid. Because Medicaid in itself has many benefits that frees up their income for other things; for example, your medicines, transportation to the doctor, hospital bills, medical calls, any equipment, anything medical is going to be paid for by Medicaid. So that the overall benefits from Medicaid for someone who is truly poor are great, and that includes home care. So if they can't afford to hire it in themselves, then we go to Medicaid. And if they are not eligible for that, then we consider a senior companion. So that we try not to use senior companions indiscriminately; for example, for the wealthy, because the wealthy can really afford to hire in what they need.

Mr. KILDEE. What is the average age of the beneficiary and the volunteer?

Mrs. GRAHAM. I would say average probably about 70–75. We have many companions who are much older than their clients, you know, in their late seventies and they may be serving a client who is 65. So age in itself doesn't indicate how well or how independent a person is going to be.

Mr. KILDEE. I think you have a program that the need for is clear, and I think the way you have it structured is certainly something that could be replicated elsewhere. I certainly will try to advertise it around the country as I go because it is going to be a growing need, too. It is not going to be something that is going to go away or just remain static; it is going to be a growing need. I think you have done an excellent there.

Carol, I have been ignoring you, but they have been so good. Carol, do you have any questions?

Ms. LAMB. No, you have covered everything very well, Mr. Chairman.

Mr. KILDEE. Thank you very much for your testimony. You are doing an excellent job there.

Mrs. GRAHAM. I would just like to add to the other directors who have spoken from the associations that I share all of their concerns and yours about the Gramm-Rudman bill. And to me it just seems like a double, double blow on all of the people whose needs are so

great now and are going to be greater because many of their other supports are going to be cut. And if our own programs are threatened, then one of the resources which has been available on a very, very limited basis, because ours is just a drop in the bucket in Niagara County, and so across the country, you know, I know that there are counties that have no such program. We get calls from out of State wanting to know. They have heard about this program in Niagara County and they want to know where is the closest Senior Companion Program. Well, I could look at the directory and get them the name of a Senior Companion Program which may or may not be near them, but I can't guarantee that it is going to be providing the same type of service that our program provides.

Mrs. HEDEMANN. It is also very cost effective in terms of with the DRG's, the Government is going to have to make the next step in providing for home care. Now, if you hire home care, a homemaker is $6.50 an hour in Niagara County. Medicaid pays that. All right. A senior companion is $2——

Mrs. GRAHAM. The stipend is $2.20 an hour.

Mrs. HEDEMANN [continuing]. $2.20 an hour. It is cost effective. Of course it is more effective. It is more appropriate for the elderly person. I know because they are the salt of the Earth, the senior companions, and because they are honest, dependable, work without looking for financial reward, we want other patients and other families who want senior companions for the types that they are, whereas a lot of the help that is hired is not that great.

I think the Government is also going to have a great problem monitoring home care. The regulation of nursing homes is in a structured setting and that has been to protect the elderly. I don't know how we are going to do that in the home setting. It is going to be difficult.

Mr. KILDEE. We thank these two witnesses, and thank all of our witnesses. This has been a very, very helpful hearing to us. Very helpful to us in reauthorizing legislation in the next few months.

The record of this hearing will remain open for 10 additional days for further submissions for the record.

The subcommittee now stands adjourned.

[Additional material submitted for the record follows:]

An ACTION publication, Transportation for Older American Volunteers can be seen in the subcommittee's files.

ACTION,
Washington, DC, November 19, 1985.

Hon. DALE KILDEE,
Chairman, Subcommittee on Human Resources, Committee on Education and Labor, House of Representatives, Washington, DC.

DEAR MR. CHAIRMAN: Pursuant to your oversight hearing of ACTION's Older American Volunteer Programs on October 29, 1985, enclosed please find the additional questions you submitted and my response. Also, enclosed is my corrected copy of the hearing record.

I believe this transmittal will complete the hearing record for ACTION.

Sincerely,

DONNA M. ALVARADO.

Enclosure.

Mr. KILDEE. What is ACTION doing to promote the concept of older volunteers?

Ms. ALVARADO. To promote the concept of older American volunteers, ACTION provides, within budgetary constraints extensive publicity and recruitment materials illustrating the fine accomplishments of the more than 330,000 senior citizens

that serve through the Retired Senior Volunteer Program (RSVP), the Foster Grandparent Program (FGP) and the Senior Companion Program (SCP).

These materials produced for the Older American Volunteer Programs (OAVP) include brochures, posters, recruiting pamphlets, flyers and booklets pointing out both the benefits to local communities as well as to the volunteers themselves. Films on each of the programs are available for screening, and are often used in getting the word out on older volunteers. ACTION has produced TV and radio public service announcements over the years that have received wide coverage.

Additionally, ACTION is ready to provide help to any individual OAVP project seeking to publicize and/or recruit for their program. To this end, ACTION headquarters produced and distributed a technical assistance booklet, "ABCs of Publicity" detailing how to publicize a volunteer project. The information contained includes writing a press release, holding a press conference, working with the print and electronic media, the use of photography, public service announcement (TV radio), etc. Project directors are being encouraged to carry out some of their own publicity with the help of this booklet.

Finally, the ACTION Public Affairs office promotes local media coverage of visits and speeches by senior ACTION officials to project sites and volunteer recognition events throughout the country. This aggressive marketing strategy includes appearances on local TV and radio talk shows, interviews in local papers, etc.—all designed to increase public awareness of the OAVP programs and to raise the community's interest in the tremendous resource we have in our older citizens.

In fact, local print coverage of senior volunteers is at an all-time high. ACTION's newsclipping service provides us with more than 85 clippings a week from newspapers and magazines from all over the country mentioning OAVP volunteers and their work. Estimates are that the newsclipping service locates about 25 to 30 percent of the total mention of our OAVP programs.

Although VISTA (Volunteers In Service To America) includes volunteers from age 18, ACTION's efforts to emphasize the unique resources and contributions of older Americans seems to have an impact on a developing trend in that program. Twenty years ago the average age of VISTA volunteers was early 20s, the average age is now 37, and fully 20 percent of the 2,200 VISTA volunteers are age 55 or over.

Americans are living longer and healthier lives. As the "graying of America" approaches, we need to make full use of the skills and experience of retired Americans. Studies have shown that older workers are more reliable and dependable than their younger colleagues and, conversely, an active retirement increases the length and quality of life for seniors. ACTION has always promoted the concept that seniors are a resource, not a problem, and more people are recognizing this than ever before.

Mr. KILDEE. Ms Alvarado, what is your opinion on the static program levels and the aging volunteer?

For the first time since Foster Grandparent and Senior Companion Programs existed, we expect level funding for at least two years in a row. This means no new volunteer positions. Many of these volunteers have been with the program for a number of years and are truly "aging" volunteers.

Does ACTION's data show that the average age of the stipended volunteer is increasing?

If so, does that create problems with the increasingly arduous home health assignments for Senior Companions and the work with deinstitutionalized young people for Foster Grandparents?

Ms. ALVARADO. The age distribution of volunteers appears to be dependent on factors other than static program levels.

From 1983 to 1985, a period of level numbers of volunteers, the two programs had different experiences. The Senior Companion Program experienced a slight increase in the age of volunteers, with the youngest group 60–69 years old going from 51% to 47%, the 70–79 years group going from 43% to 44%, the 80–84 years group going from 5% to 7%, and the 85+ years group going from 1% to 2%.

In the Foster Grandparent Program, the youngest group increased 1% from 38% to 39%; the 70–79 years group continued to comprise 50% of the total, the 80–84 years group increased from 8% to 9%, and the 85+ years group remained at 2% of the total. Based on reports submitted by the projects, such factors as natural attrition due to health, employment, etc., local recruitment priorities, and changing demographics in the aging population appear to affect age distribution more directly than level program dollars.

Recent impact evaluations on both programs indicate that, for the total groups of volunteers sampled, overall functioning and ability to serve did not decline. In SCP, the Senior Companions showed a 3% improvement in overall functioning over a

five-year period. The control group of non-volunteers experienced a 14% decline over the same period.

In FGP, the Foster Grandparents experienced a similar improvement, although less dramatic over a three-year period. During the timeframes of both studies, Foster Grandparents were increasingly serving in community placements and the vast majority of Senior Companions were serving in in-home placements.

With the increasing diversification of FGP and SCP's response to the growing needs of the homebound elderly, we must continue to provide a range of opportunities to meet differing volunteer abilities and needs regardless of age. We will continue to place primary importance on matching the volunteers and children and adults served with the capabilities and desires of both parties in mind.

Mr. KILDEE. Ms. Alvarado, what is your opinion on the high cost of transportation for volunteers and beneficiaries?

Project directors are telling us that the cost of transportation for volunteers is a serious and growing problem.

Has ACTION addressed this issue? Do you have any recommendations?

Ms. ALVARADO. In my opinion, ACTION has addressed this problem to the extent currently possible.

In November of 1982, ACTION published a practical 'how to' manual on transportation for older American volunteers. The manual [1] was prepared under contract by Mr. John O. Salvesen, a transportation consultant from Cape May, New Jersey. I have enclosed a copy of the manual for your review. The basis for the manual was Mr. Salvesen's review and assessment of the existing OAVP project transportation systems. The manual includes ways that projects can determine what are the best modes of transportation for their volunteers and what are the most cost efficient ways to provide transportation. In addition, in FY 1984, ACTION provided extensive training in transportation through our Regional OAVP Project Staff Training Conferences. Volunteer transportation with an emphasis on cost effectiveness and alternative funding sources was a priority at all nine events.

We have also periodically sent information to projects on the availability of transportation funds for vehicle purchase from the Department of Transportation. ACTION State Office staff work closely with project staff and provide technical assistance, including in the area of transportation.

The last time ACTION provided increased federal funding for transportation was FY 1979. The additional monies were distributed on "as needed" basis, with most projects receiving additional funding. Since that time, increases in the cost of transportation have been absorbed by projects shifting funds from other line items in their budgets, generating local transportation support and using other Federal (non-ACTION) funds (i.e., DOT, AOA).

Mr. KILDEE. Ms. Alvarado, what is your opinion on the insurance coverage for volunteers receiving stipends?

Foster Grandparents and Senior Companions are now being covered with personal liability protection, excess automobile liability insurance, and personal injury insurance for accidents that occur during volunteer service. they are no longer covered under worker's compensation.

What provision is made at the project level for loss of stipend income when the volunteer cannot serve because of a work-related injury?

Have you any data on the number of volunteers who have sustained long-term injuries on the job, and who may face hardship because of loss of stipend income? If not, would you be willing to develop that data?

Ms. ALVARADO. Current ACTION policy requires project sponsors to provide volunteers with accident, liability and excess automobile insurance at a level that protects them during their volunteer service. The coverage is extended to include the period while they are in transit to and from where they serve. We believe that this is adequate.

As you know, our authorizing law precludes the stipend from being considered as a wage or income for purposes of workers compensation. The stipend is provided to Foster Grandparents and Senior Companions to permit them to volunteer their services without added cost. FGP and SCP projects do provide for continuation of the stipend payments during sick leave, within the limits of project sponsor policy.

Data on injuries to volunteers is not collected by ACTION. Foster Grandparents and Senior Companions are covered by Medicaid or Medicare and sometimes medigap.

---

[1] Transportation for Older American Volunteers, John O. Salvesen, Cape May, NJ, November 1982, Contract No. 82-043-1612—ACTION.

[Whereupon, at 12:10 p.m., the subcommittee was adjourned, to reconvene subject to the call of the Chair.]

○